TRICARE PMO

User's Guide

Version 1.1.4

Memorandum To Readers

I want to take this opportunity to welcome our personnel to the TRICARE Program Management Office. As directed by the Executive Director, TRICARE Management Activity, I have implemented a centralized Program Management Organization (PMO) structure to develop formalized business processes to manage complex and dynamic programs that fall under the TRICARE Program. To provide a framework for these new business processes, the Department of Defense (DoD) 5000 Acquisition Management Directives and Regulations will serve as a guide for establishing a structure and processes for managing the programs assigned to this office. Because TRICARE programs vary from the acquisition of military hardware and information systems, we have tailored the DoD 5000 to support our needs.

The following TRICARE Program Management Users' Guide was prepared to explain the Program Management process, and it includes clear information on the DoD 5000 series, the PMO structure and relationships, roles and responsibilities, key processes, the PMO team approach, program management, documentation, integration and reporting requirements. The staff of the Program Management and Integration Directorate are committed to providing the assistance you need in acquiring resources and support that are necessary to ensure the success of our TRICARE programs.

The list of references provided at the end of each chapter represents the sources used in preparing this first edition of the Users' Guide, and may serve as an additional resource to your effort. Your feedback and suggestions on improving the effectiveness of this Users' Guide are welcomed and should be directed to the Director, Program Management & Integration Office.

Once again, I encourage you to read this guide, and use the tools provided under the Program Management concept. The Program Management & Integration Directorate stands by to assist and help tailor your specific program. Thank you for your support and participation; I look forward to hearing about your program at your next Milestone Decision!

Chief Operating Officer
(signature on file)

TRICARE Program Management – A Primer

This section addresses the basic tenets of TRICARE Program Management. The topics listed below will be covered. You are strongly encouraged to read this material as these terms and concepts are used liberally throughout Section 2, Program Management Activities.

➢ *TRICARE Mission*

➢ *TRICARE and Program Management*

➢ *Scope and Applicability*

➢ *PMO Structure*

➢ *TRICARE Program Management Organization*

➢ *PMO Roles and Responsibilities*

TRICARE Program Management – A Primer

TRICARE Mission

The mission of TRICARE, the Department of Defense's regionally managed health care program, is to provide comprehensive health care for active duty personnel, qualified family members, TRICARE-eligible retirees and their family members, and survivors of all uniformed services personnel. The TRICARE Program is designed to offer beneficiaries a choice of health care delivery options to meet their unique situations; compliment health care services provided by the Military Treatment Facilities and Clinics, expand access to care, assure high quality standards of care, control health care costs, and improve the readiness status for military personnel.

TRICARE and Program Management

The Director, Defense Procurement recommended that the principles of Program Management, as found in the DoD 5000 series, serve as a basis for managing major TRICARE acquisitions. To meet that end, a Program Management Organization (PMO), under the direction of the TRICARE Chief Operating Officer, was established to develop a centralized business approach using concepts from the DoD 5000 series. This centralized approach will be used to manage not only health care contract acquisitions, but other complex TRICARE programs, projects, reengineering efforts and demonstrations as well. The TRICARE Program Management structure outlined in this User's Guide:

- ✓ creates clear lines of accountability and responsibility;
- ✓ clearly identifies key stakeholders and shows relationships between functional sponsors or proponents and those responsible for producing deliverables;
- ✓ centralizes responsibility for life cycle planning, integration, and execution
- ✓ provides a mechanism for measuring success;
- ✓ provides decision makers current, accurate status reports from which to base decisions;
- ✓ provides a common structure and disciplined processes that can be used for all programs, projects, and/or demonstrations; and
- ✓ provides the ability to tailor programs, projects, demonstrations with unique characteristics.

Scope and Applicability

A variety of programs and projects are well suited for the principals of program management. As a rule, TRICARE programs and projects that typically fall under Program Management include new initiatives for health care delivery; legislatively mandated demonstrations; the award of TRICARE managed care support and other contracts; existing programs earmarked for reengineering to better meet the needs of the MHS; and other new TRICARE programs as designated. Sponsorship for a program or project to be assigned to the PMO may come from the TRICARE Management Activity (TMA), Health Affairs, the Services, or be Congressionally mandated. General guidelines for determining if a program or project is appropriate for Program Management include meeting categories 1 and 2, or category 3 below.

> **Category 1:** The program has a definable beginning and end point, follows a life cycle from start to completion, and is defined as a program requiring input from many sources versus an individual task or process improvement activity.
>
> ***AND***
>
> **Category 2:** The program is more than moderately complex resulting in medium risk to the success of the TRICARE mission.
>
> ***OR***
>
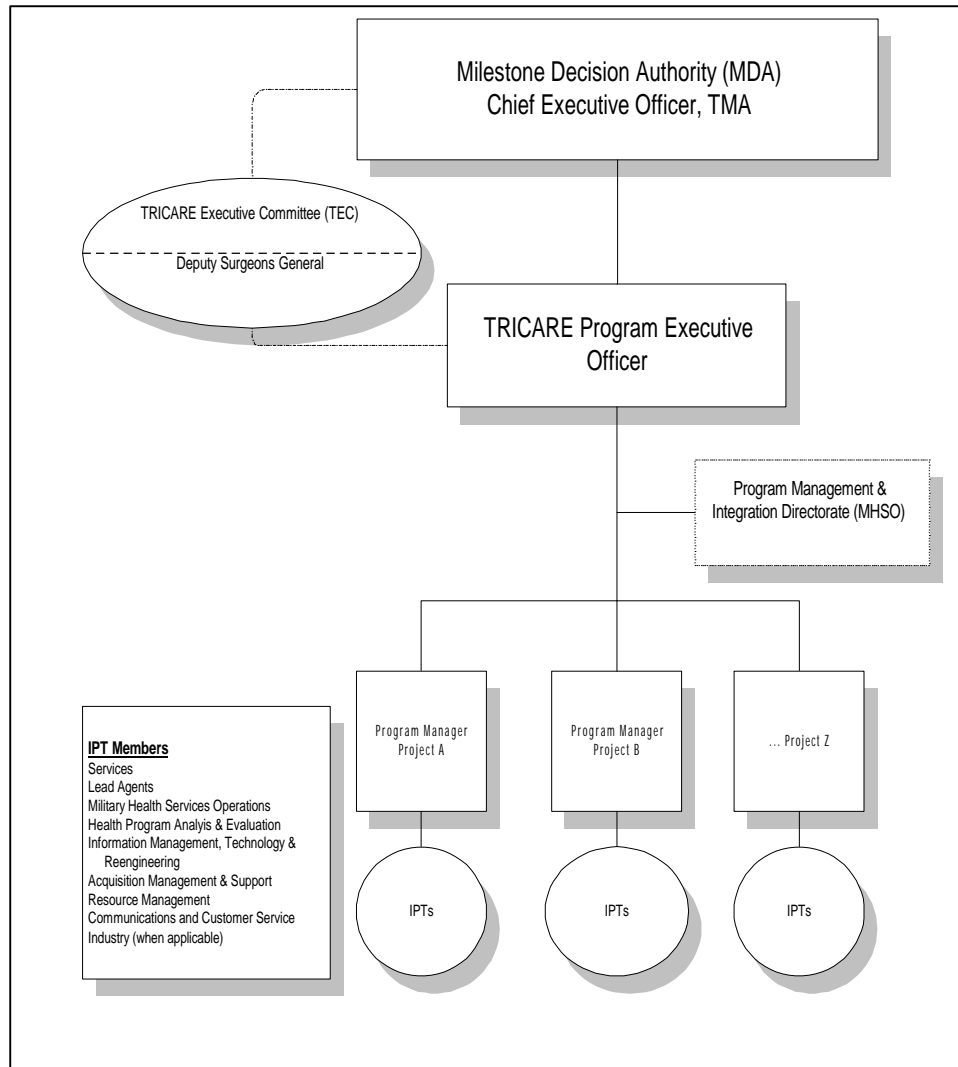> **Category 3:** The program is identified by either the TRICARE Milestone Decision Authority (MDA) or the TRICARE Program Executive Officer (PEO) as requiring program management oversight.

TRICARE Program Management Structure

The following chart shows the functional PMO structure under the direction of the TRICARE PEO.

Figure 1
TRICARE Program Management Functional Organizational Chart

TRICARE PMO Roles and Responsibilities

The TRICARE Program Management Organization (PMO) integrates the systems, activities, participants, and processes which are necessary to meet TRICARE mission requirements as identified by the TRICARE Milestone Decision Authority (MDA) and Program Executive Officer (PEO). The TRICARE PMO executes a program management model that combines the established TRICARE Management Activity (TMA) lines of executive authority with cross-functional participants from the Military Health Services (MHS) and industry to provide a tailored program management organization utilizing DoD 5000.2-R guidance. The TRICARE PMO clearly identifies stakeholders and their corresponding responsibilities and centralizes TRICARE program management decision making to consolidate, integrate and prioritize requirements. The TRICARE PMO employs a disciplined, repeatable process that empowers working-level professionals to meet mission requirements and perform strategic analysis for timely executive-level decision making.

The TRICARE PMO components are listed below with an overview of their respective functions.

Milestone Decision Authority (MDA)

The **TRICARE Milestone Decision Authority (MDA)** is the final authority for all TRICARE related activities. The MDA approves the advancement of a program from one phase to another. The MDA provides direction, oversight and final approval to all programs.

TRICARE Executive Committee (TEC)

The **TRICARE Executive Committee (TEC)** serves as an advisory committee at the request of the MDA or the PEO. The TEC also may serve as a sponsor or proponent for a program and as a liaison between their Service constituents and the MDA, TMA, and/or PEO.

Deputy Surgeons General (DSG) Advisory Committee

The **Deputy Surgeons General (DSGs)** serve as a first level advisory committee and review programs and timelines as presented by Program Managers. The DSGs also provide input from the Service perspective through the nomination of Service representatives and participants.

TRICARE Program Executive Officer (PEO)

The **TRICARE Program Executive Officer (PEO**) is primarily responsible for oversight and management of the planning, integration, and coordination of one or multiple programs that fall under TRICARE Program Management. Depending upon scope and complexity, programs may be assigned to full time PMs by the TRICARE PEO. The TRICARE PEO is accountable to the MDA for delivering a quality deliverable

program on schedule and within cost.   He/She reports progress and issues regularly to the MDA. The PEO determines which programs/projects will require oversight and assignment under Program Management.

Director, Program Management & Integration (PM&I)

The **Director, PM&I** provides an approved program management model for TRICARE and adds structure and processes, where appropriate, to meet the execution and integration requirements of programs assigned under the TRICARE PMO discipline. The Director serves as a consultant for issue resolution and monitors progress, PMO staffing support, timelines and resolves other issues identified.   He/She closely tracks and monitors the progress of all programs assigned to the PMO.   Reports and updates are provided on a routine basis to the PEO to obtain concurrence as needed.   When appropriate, the director facilitates the integration of programs under program management to ensure all aspects of TRICARE programs are supportive and complimentary to one another.

Program Managers (PMs)

The **Program Manager (PM)** for a particular program is appointed to that functional position in writing by the PEO. The PM is responsible for the planning, integration, management, coordination, and execution of day-to-day activities associated with meeting the program schedule, cost objectives, and performance deliverables. The PM is responsible for developing and overseeing the execution of an integrated program. The PM is responsible for the completion of mandatory and discretionary documents and activities, and reports program progress to the PEO on a regular basis. The PM consults with the Director, PM&I as needed to tailor specific requirements for the program under the Program Management structure.

The PM develops plans, strategies, approaches, and coordinates issue resolution through the IPT appointed for the program. The PM determines the composition of this team, how often the team will meet, and provides guidance to the team to work the program to completion.

Integrated Program Teams (IPTs)

The **Integrated Program Teams (IPTs)** composition will be determined by the scope and complexity of the program, along with staffing requirements (full time or part time basis) needed to support the PM in the management of the program. Membership on the IPT usually consists of senior staff officers within the TMA Directorates, representatives from the Services, and Lead Agent Offices. Others may be appointed as identified by the PM.

Working-level Integrated Program Teams (WIPTs)

The **Working-level Integrated Program Teams (WIPTs**) are responsible for specific issue resolution as assigned by the PM and IPT. Issues are forwarded to the IPTs chaired by the PM and delegated to WIPTs as necessary. WIPTs are appointed and empowered to represent their work area and participate in resolving specific issues related to the PMO program. WIPTs

may work a specific issue for the IPT and present a recommended solution and/or alternatives for IPT consideration and action.

TRICARE Management Activity (TMA), Military Departments (MILDEPS) and Lead Agents (LAs)

The **_TRICARE Management Activity (TMA) Military Departments (MILDEPS) and Lead Agents (LAs)_** are responsible for providing qualified, empowered, full or part-time staff to the TRICARE PMO. Participants may be asked to be members of Integrated Program Teams (IPTs) or Working-level Integrated Program Teams (WIPTs) that determine joint requirements, provide schedules and program deliverables, or work on other programs as appropriate. TMA, MILDEPS and LA staff may be asked to facilitate various sub-programs for inclusion. Members of these organizations may be called upon to evaluate and provide comment on programs at various stages of delivery. They will be expected to serve as liaisons to their appointing organizations and to coordinate feedback with the Director and PMs at regularly scheduled intervals.

Section

2

TRICARE Program Management Activities

This section addresses TRICARE Program Management Activities and covers the topics listed below.

> ➤ *Beginning the Process*

> ➤ *Starting Teamwork*

> ➤ *Program Development*

> ➤ *Program Execution*

> ➤ *Reporting Requirement*

TRICARE Program Management Activities

Beginning the Process

The following topics are discussed in this section:

- Identification of a Suitable Program

- Selection/Appointment of a Program Manager (PM)

- Program Manager Resources and Support

- Defining/Developing Program Scope and Strategy

- Identification of Integrated Program Team (IPT) Members

- Required Documentation

- Approval Process from Program Executive Officer (PEO)

Identification of a Suitable Program

The Milestone Decision Authority (MDA) or PEO will decide which programs will fall under Program Management Organization (PMO) oversight and supervision (See Section 1: Scope and Applicability of Program management to TRICARE). The PEO will select and/or appoint a PM based on experience, knowledge, and complexity of the program. The PM will determine scope of the program and provide this to the Director, Program Management & Integration (PM&I) to assist with planning activities for the program and assignment of support staff.

TRICARE Programs are initiatives, programs, and/or demonstrations that may fall under PMO oversight and management, and may include such things as:

- Award and oversight of the Managed Care Support Contracts and their subsequent modifications,

- Congressionally mandated programs and TRICARE demonstrations,

- Any other initiatives conducted with the intent of modifying the health care benefit and operational execution of the TRICARE mission, and

- Existing programs requiring management and oversight.

Selection/Appointment of a Program Manager

Once a program has been identified for the PMO process, the PEO will identify a PM to head up the new program. The PEO will send an appointment letter (Appendix 2) notifying the member of his/her assignment. This appointment may be coordinated and discussed with other TMA Directors before a formal appointment letter is sent. Depending on the scope of the program, a Co-Program Manager may be assigned to provide additional management support. The PM&I Directorate will assign both a primary and alternate program coordinator to work with the PM and provide administrative support.

The PM&I Director may also provide an orientation for the PM that includes:

- Discussing/selecting IPT members;

- Requesting IPT membership letters;

- Initiating program implementation strategy;

- Reviewing requirement for concept of operations and mission needs statement;

- Reviewing program priorities and getting started; and

- Identification of functional requirements and data quality elements as applicable.

Program Manager Resources and Support

The PM also addresses all staffing requirements with the Director, PM&I. Core PM&I staff may consist of government, military, and/or contractors depending on the unique characteristics of the program. Support staff, if required for the program, will be formally assigned as either full-time or part-time from other Directorates in TMA and/or the Services. They will be accountable to the PM for the duration of their assignment for their role in planning and executing the program. Consistency, continuity, and longevity are important requirements when determining availability and skills of potential team members.

The PM needs to identify early in the program if he/she is responsible for consolidating and executing a budget. For the PM to be accountable and have leverage to keep the program on track, he/she needs to be responsible for preparing, defending, programming, and executing a budget. Each new program needs to submit a budget plan for the duration of the program to include staff support and other direct costs (ODCs). The ODCs may be for meetings, materials, equipment, speakers, etc. Decentralization of the work should be done by the PM, who can reassess support requirements throughout the duration of the program.

Defining/Developing Program Scope and Strategy

An outline of initial tasks to be accomplished when starting a new program includes the following activities.

The PM will determine:

- The program scope and expected final outcomes

- Corporate timelines and projected completion

- Identification of key stakeholders for IPT membership

- Resources provided by the PM&I Directorate

- Data element identification

- Program parameters (if applicable)

- Tailoring the DoD 5000 to their program

- Functional Requirements (if needed)

- Responsibility with regards to the TRICARE Program, budget control/execution

- Other information/issues as applicable

Identification of Integrated Program Team (IPT) Members

The PM decides IPT membership. The purpose of the IPT is to facilitate teamwork and collaborative decision-making by making recommendations based on timely input from an entire competency team. Using an IPT approach, each functional expert participates in the decision-making process, working on the program and its deliverables to meet the goals identified in the mission need statement.

Decision making at the lowest possible level is key to IPT success. Therefore, there may be up to two sub-levels of IPTs depending upon the scope, complexity, urgency, and sensitivity of the program. The Working-level Integrated Program Team (WIPT), as described earlier, works day-to-day to issue and plan next steps. They are short-term entities that work on a specific issue or problem to provide solutions or options to be decided upon by the IPT.

The next level IPT is the Overarching Integrated Program Team (OIPT) consists of Deputy Surgeon's, TMA/HA Directors, and other Senior Officials in DoD. Usually the Deputy Executive Director of TMA and/or the MDA chairs this group. They usually work issues that are policy in nature and require coordination and/or approval by others in DoD and the Services. They report progress to the MDA.

Required Documentation

There are f~~ive~~our documents that are mandatory for every program within the
TRICARE PMO:

- Mission Need Statement

- <u>Milestone Chart</u>

- PMO Business Plan

- Operational Requirements Document

- Program Management Plan

The completion of each will provide the necessary framework to successfully
complete the program's mission and facilitate the integration of the schedules
across all TRICARE programs. A detailed template for each document is
provided in Appendix 2: TRICARE Program Management Templates of this
User's Guide.

Approval Process from the Program Executive Office (PEO)

The PEO and Director, PM&I will meet with the newly appointed PM to
discuss the program selected for program management. This meeting
provides an opportunity to review open issues, discuss potential IPT
membership, and identify program support requirements and possible
outcomes of the PM process.

Once the PM has decided on a course of action and established a plan for the
Mission Need Statement and a plan to initiate the program management process,
another meeting will be scheduled to review the plan and obtain approval.

Starting Team Work

The following topics are discussed in this section:

- Nomination/Appointment of IPT Members

- Establishment of Meeting Schedules

- Identification of WIPT Support Teams

Nomination/Appointment IPT Members

IPTs are a vital part of the TRICARE program management, development, oversight, and review process. Authorized and empowered IPTs must function in a spirit of teamwork and harmony with team members to the maximum possible extent, to make commitments for the organizations and functional disciplines they represent. They should be composed of appropriate, diversified team members working together for the success of the Program and enabling the PM and other decision-makers to make correct, informed decisions at the proper time (milestone), while directing the program to completion.

The chair of each IPT should ensure that:

- Minutes of the meeting are kept, with members attending acknowledged;

- Minutes clearly indicate any decisions agreed upon and any dissenting votes;

- A "running" log of all issues is kept with dates and resolved status entered, with actions noted;

- Status reports and issues requiring senior level input are forwarded to the next appropriate level in the IPT structure (PM and Director, PM&I);

- Coordinate WIPT activities with IPT members; and that

- Generally, WIPTs meet at least weekly, IPTs at least monthly, and OIPTs at least quarterly. The PM will set meeting schedules based on required activities and milestones.

Use of best teamwork practices is paramount to Program success. IPTs must espouse and implement the best management/technical methods, processes, philosophies, and techniques from both the commercial and government sector. These best practices should be used, where applicable, to maximize communication and information sharing, minimize risk, reduce cost, and promote efficiency and effectiveness.

IPTs must operate with thorough and open discussions. Cooperation is essential; open, frank discussions with full disclosure are imperative to program success. IPT membership shall not be arbitrarily limited and should

have representation from the relevant elements of the business process. Each member provides a unique perspective and expertise, which are important to fully embrace all aspects of the subject area. The PM must lead the IPT to ensure that discussions are open and focused on the relevant topics to allow the IPT to direct and provide oversight to this process.

The following roles and responsibilities apply to all IPTs.

- Assist the PM in developing strategies and program planning, as requested.

- Establish plan of action and appropriate milestones for particular issues requiring expertise.

- Propose tailored document and milestone requirements.

- Review and provide early input on documents.

- Resolve or alleviate issues in a timely manner.

- Assume responsibility to obtain principals' concurrence on issues, as well as applicable documents or portions of documents.

As stated earlier, teamwork is vital to the success of the IPT. For this reason coordination and effective communication are at a premium.   Therefore, limiting IPT membership to a manageable size of 7 members is recommended, but size can vary depending upon specific program. Likewise, IPT meetings are closed to non-members unless otherwise specified; invited guests at the invitation of the PM.

In general, IPTs must make agreements that are binding for its members. When making agreements, IPTs should focus on the fact that they exist to support the TRICARE PM. Undoubtedly, individual members will not completely agree with all IPT proceedings. Agreements are not completely irrevocable.   If new information deemed significant is uncovered, prior agreements can be revisited. It is imperative though, that all IPT members ultimately defer to team consensus. Failure to comply may result in termination of IPT membership by the PM.

The PM reserves the right, as the designated chair, to dismiss disruptive members of an IPT. Grounds for IPT dismissal include, but may not be limited to:

- Failure to execute a Confidentiality Statement (CS) (see Appendix 2);

- Excessive absenteeism at scheduled IPT meetings;

- Failure to perform assigned tasks in an efficient, timely manner; and

- Contributing negatively to overall IPT cohesion.

Specifics in line with these guidelines will be established by individual PMs, with approval of the Director, PM&I or MDA, to fit the individual nature and disposition

of their particular IPT. This code of IPT conduct will be disseminated to all IPT members at the inception of the IPT. (Those identified as alternates by IPT members shall be briefed as to conduct expectations as well.)

External IPT Participation

At the consensus of the IPT, the PM may choose to approve external participation at an IPT meeting. This may be done in an effort to solicit further input on specific issues or to seek clarification in topical areas as identified by the IPT. As a rule, invitee participation is limited to an informational role at IPT meetings, and invited IPT participants shall not be privy to any IPT deliberation or the decision-making process. Moreover, it is the responsibility of the PM to secure the integrity of any procurement sensitive or otherwise privileged information.

Where the need arises to solicit Managed Care Support Contractor (MCSC) input at an IPT meeting, several policies and procedures apply. Questions regarding specific travel requests should be directed to the contracting officer or contract administrator for the applicable contract(s) prior to initiating a request for Government directed contractor travel to determine the Government's obligations and the process required to authorize the travel. General questions regarding contractor travel to attend an IPT meeting, conference or other function may be directed to the Chief, Contract Administration Office, TMA/Aurora. Detailed contractor travel request procedures are outlined in Appendix 5: Contractor Travel Request Procedures.

Establishment of Meeting Schedules

The PM will determine the meeting schedules for the IPT. Schedules may vary with each program and the timelines identified to achieve certain goals and objectives identified in the process. At the discretion of the PM, meetings may also be set with the Director, PM&I to review the status of the program and obtain other needed information or assistance.

One of the most time consuming tasks of program management is coordinating IPT and WIPT meetings. By the very definition of (W)IPTs, membership is not limited to a single organization and adds a dimension of difficulty unique to the PMO. In order to overcome the scheduling challenge, (W)IPTs may decide to schedule a standing meeting (time, day, and location). This will allow members to plan ahead and keep that slot in their calendars clear.

In addition, a (W)IPT member may also have an alternate to attend meetings when the primary is unavailable. In these cases, it is the responsibility of the primary to keep the backup up-to-date. If an alternate is necessary, the PM must be notified because of potential procurement sensitivity issues. Also, all other meeting attendees that are not members of the (W)IPT must receive an invitation or prior approval from the PM. This will allow meetings to proceed as planned with no unnecessary delays.

Other related activities when scheduling meetings:

- Finalize VTC details ASAP

- Send read-aheads and meeting materials at least 24 hours in advance

- Follow up to ensure that read aheads and meeting materials are in fact received by meeting participants

- Always have an audio back-up

Identification of WIPT Support Teams

WIPTs are working-level support teams that are formed by the PM to work on the resolution of a particular issue associated with the program. There may be multiple WIPTs formed to support a program (e.g. a resource management WIPT, a customer service WIPT, and IM/IT WIPT, etc.). While the IPT reviews progress with the program on a broad and strategic level, there will be instances when functional expertise for an identified issue will require more analysis by personnel who can devote the time necessary to develop an issue, or personnel who are functional experts in a field. The role of a WIPT is to provide specialized data and/or support in a defined area of expertise that may lie outside of the normal scope of activity for the IPT membership.

The PM, in conjunction with the IPT, will identify issues that need to be referred to a WIPT for resolution or issue development. The PM has the flexibility to work the composition of the WIPT with IPT members and determine the timeframe the WIPT will convene to resolve the identified issue. WIPT members should be selected for their expertise in areas that affect the issue.

From cradle to grave, the WIPT process generally involves a six-step procedure. Here, the WIPT is defined; expected deliverables are clarified; work group composition, roles and lines of communication are formalized; timelines are established; and tasks are delegated. The WIPT formulation process is outlined below.

1) **Identify WIPTs which need to be established**

   Identify potential issues that may require a WIPT. Start by identifying areas that require special information that can not be provided by the IPT or those areas where input from more than one organization or functional discipline is required. Where possible, group similar issues into the same category. Each category should consist of no more than 3 to 4 related issues. It is unlikely that all the issues that require a WIPT will be able to be identified initially. WIPTs may be formed throughout the IPT process as needed.

   Depending on the specifics of your program and the tasks at hand, there are typically three ways to select the membership of a specific WIPT:

   a) **Plug into an existing group.** Beware of existing workloads and the group's original mission. These factors may make it difficult for the group to meet your timelines. As always, a word to the wise is to get buy-in. You may do this by formally chartering the group.

b) **Establish a group of subject matter experts.** Occasionally a task does not require cross-functional expertise, in these cases it is best to tap into a single, functional area.

c) **Establish a cross-functional WIPT.** When the task touches upon multiple, functional areas, expertise from all areas should be obtained to ensure that the solution or recommendation is the best overall solution.

2) **How to Charter a WIPT**

To establish a WIPT first identify those individuals who can provide the required information. Next, obtain approval of members selected for participation from the Directors of the organization to which they belong. The approval of WIPT members may be obtained either formally through an appointment letter, or informally through an e-mail request. The appointment letter should define the expectation, responsibilities, boundaries, and authority prescribed to each WIPT member. Either method used should ensure that the received approval authorizes the assignment of the task as required. Upon receipt of organizational approval, assignments of WIPT issues may be delegated as required.

3) **Establish a WIPT Chair**

The WIPT Chair should be an IPT member selected by the IPT working group or the PM. The WIPT Chair will be responsible for coordinating WIPT activities and reporting status to the IPT.

4) **Assignment of WIPT Tasks**

The assignment of WIPT tasks should allow for the seamless progression toward completion of the overall WIPT goal determined by the IPT or PM. Necessary components of WIPT tasking include:

- Defining issues that the WIPT will be responsible for addressing or providing information (researching);

- Preparing a clear timeline;

- Submission dates;

- Meeting scheduling (Generally, WIPTs meet on a weekly basis);

- Determining the format in which the data is to be submitted/presented;

- Briefing;

- Decision paper;

- Briefing in conjunction with a decision paper;

- Delegating tasks down to WIPT team members when necessary; and

■   Defining a reporting system with a strict accountability component.

5) **Tracking Progress to Completion**

The WIPT Chair facilitates periodic meetings (generally weekly) as an opportunity for information sharing among WIPT members.   At meetings, the overall WIPT goal and individual responsibilities are revisited.   On the strength of informal correspondence as well, the WIPT Chair then reports program timeliness, scheduling shortfalls, and any needs assessment issues to the IPT or PM.

6) **Delivery and Dismissal**

The WIPT presents its recommendations, findings, conclusions, or research on the finalized submission date in accordance with presentation guidelines and format requirements. The WIPT is then formally dismissed by the WIPT Chair upon the satisfactory submission and completion of the assigned task, once approved by the IPT or PM.

Program Development

There are five~~our~~ documents that are mandatory for every program, they are:

- Mission Need Statement

- Milestone Chart

- PMO Business Plan

- Operational Requirements Document

- Program Management Plan

A template, accompanied by a description of purpose for each document is located in Appendix 2.

A program may include discretionary documents as deemed necessary by the PM, PEO, or MDA. These documents should be identified in the Program Management Plan (PMP). (The PM&I Directorate is available for assistance in identifying the content of these discretionary documents as requested.) Lastly, the PMP Template provides a list of potential discretionary documents.

Developing a Program Management Plan

One of the five~~our~~ mandatory documents of the TRICARE PMO is the PMP. The PMP defines the set of products or processes that will satisfy the mission needs and provides information necessary for management and decision making. It lists activities that must be successfully accomplished to achieve the end product and identifies any activity that is critical to a subsequent activity or the final objective.

Each PMP may include the following information as deemed necessary by the PM:

- Definition of Scope and any Directives/Guidance/Insights from the MDA/PM

- Definition of Resources

- Definition of Key Stakeholders and Roles/Responsibilities of Each

- IPT Charters and Membership

- Critical Success Factors and Program Performance Measures

- Baseline Objectives (e.g. Acquisition Baseline Program)

- Definition of Strategies, Approaches

- Rough Definition of Schedule, Milestones (includes Exit Criteria), and Deliverables

- Budget Execution Plan

- Work Breakdown Structure

- Risk Assessment/Risk Reduction Plan

- Design, Development, Training, Marketing, Testing, Operations, Deployment, Implement Plans (as appropriate to scope of program)

- Definition of Standard Processes

- Completed documents may be attached to the PMP as reference material (e.g. Mission Needs Statement, Analysis of Alternatives or Business Case Analysis, Joint Requirement Document, Memorandum Designating Authority, and Concepts of Operation)

- Cost/Benefit (e.g. Return on Investment) Plan

A sample format for the PMP is located in Appendix 2.

Program Execution

The following topics are discussed in this section:

- Review and Approval at Milestones

- Issue Development and Resolution

Review and Approval at Milestones

When a PM has approached a milestone, a meeting will be scheduled to discuss the progress made with the program and the information that will be briefed to the MDA. The Director, PM&I and the PEO will review the progress to date, review the material, and provide input as necessary. Milestone briefings will be presented to the Deputy Surgeons General and the TEC at regularly scheduled reporting times.

Issue Development and Resolution

Issues can be identified at any level in the organizational structure. Issue exploration should be delegated to the appropriate PM for IPT discussion to fully explore potential impacts on the program.   At this level, a decision briefing and/or paper will be developed; exploring any issues, relevant factors, and corresponding impacts on cost, scheduling, and performance. An analysis of alternative solutions will be done culminating in a recommendation. Various levels of the organization may then receive a briefing as to the decision or recommendation of the IPT or WIPT.

If the decision impacts the program schedule, cost, or performance, the TRICARE PEO must then be briefed. The PEO will decide whether the impact is substantial enough to bring it to the attention of the TEC and MDA.

Reporting Requirement

The following topics are discussed in this section:

- Status Reports

- Lessons Learned

Status Reports

Program Managers shall deliver an initial program status briefing to the TRICARE PEO six to eight weeks after the program "kickoff". The purpose of the brief is to report program definition, goals and progress. Suggested items for inclusion shall include but may not be limited to:

- Program mission (MNS);

- Milestone timelnes (Milestone Chart);

- IPT composition; and

- Any possible items of concern.

The frequency and level of subsequent status reports will be determined by the PM, the Director PM&I and the PEO. Standard formats for decision papers, decision briefings, timelines and milestone charts will be provided by the Director, PM&I. Standardization at this level is required in order to meet TRICARE integration requirements.

Lessons Learned

Upon the completion of each program, the PM will brief the Director, PM&I and the PEO on lessons learned. The briefing may include, certainly is not limited to, such topic areas as communication difficulties and solutions, potential improvements in the overall PMO approach, and areas for increased integration in TRICARE.

Appendices

Appendix 1: Glossary

    List of Acronyms

    Terms and definitions

Appendix 2: TRICARE Program Management Templates

    Document Samples

        Program Manager Appointment Letter

        IPT Nomination/Appointment Letter

        Milestone Chart

    Document Templates

        Mission Need Statement

        Operational Requirements Document

        PMO Business Plan

        Program Management Plan

Appendix 3: Reference Documentation

    TRICARE Charter

    TRICARE Program Plan/Milestone Chart

    Examples of PMO Programs (2/5, HEAR, Pharmacy)

Appendix 4: Overview of the DoD 5000 Management Model

Appendix 5: Contractor Travel Request Procedures

Appendix

1

Glossary of Terms

LIST OF ACRONYMS

ACRONYM	DEFINITION
AE	Acquisition Executives
AMO-W	Acquisition Management Office – Washington
C&CS	Communications and Customer Support
COO	Chief Operating Officer
DoD	Department of Defense
DoDD	Department of Defense Directives
DSG	Deputy Surgeons General
HEAR	Health Enrollment Assessment Report
HPA&E	Health Program Analysis and Evaluation
IM/IT	Information Management/Information Technology
IMT&R	Information, Management, Technology and Reengineering
IPT	Integrated Program Teams
MDA	Milestone Decision Authority
MHSO	Military Health Services Operations
MILDEPS	Military Departments
MNS	Mission Need Statement
Mod	Modification
OIPT	Overarching Integrated Program Teams
PEO	Program Executive Officer
PM	Program Manager
PM&I	Program Management & Integration
PMO	Program Management Organization
PMP	Program Management Plan
RFP	Request for Proposal
RM	Resource Management
TEC	TRICARE Executive Committee
TMA	TRICARE Management Activity
WIPT	Working Integrated Program Teams

GLOSSARY OF TERMS

1) **Acquisition Management Office – Washington (AMO-W)**
   The AMO-W will work with PMs to provide program and acquisition management support on a daily basis. This will include overall integration, document preparation, master schedule maintenance, expert quality assurance, technical assistance, and activity tracking.

2) **Chief Operating Officer (COO)**
   The TRICARE Program Manager, COO, TMA, will oversee the execution of all TRICARE related actions.

3) **Department of Defense Directives (DoDD)**
   Two Department of Defense Directives (DoDD) were created which provide the overarching principles for Acquisition Management (DoDD 5000.1 and DoD Regulation 5000.2-R). They were established to streamline the acquisition process by providing broad management principles and structure for all programs to follow. In addition, they outline the need for each program to document clear lines of accountability and oversight.

4) **Deputy Surgeons General (DSG)**
   The Deputy Surgeons General and the TRICARE Executive Committee (TEC) serve as advisory committees at the request of the TRICARE Program Manager or the MDA. The TEC will also serve as the liaison between the Services and the TMA on direct care issues.

5) **Information Management/Information Technology (IM/IT)**
   An example of a WIPT support program, offering information management and technology research and expertise.

6) **Integrated Product Process Development (IPPD)**
   An essential tenet to acquisition/program management is the concept of "Integrated Product and Process Development" (IPPD). IPPD is a management technique that simultaneously integrates all essential acquisition activities through the use of multidisciplinary teams to optimize the design, manufacturing, and supportability processes.

7) **Integrated Program Teams (IPT)**
   The purpose of the IPT is to facilitate teamwork and collaborative decision-making by making recommendations based on timely input from an entire competency team. IPTs are comprised of members from the various departments of TMA, the Services, and other applicable groups working together for the success of the Program and enabling the PM and other decision-makers to make correct, informed decisions at the proper time (milestone), while directing the project to completion.

8) **Milestone Decision Authority (MDA)**
   The TRICARE Milestone Decision Authority (MDA) is the final authority for all TRICARE related activities. The MDA approves advancement of a program from one phase to another. The MDA provides direction, oversight and final approval to all programs.

9) Military Health Services Operations (MHSO)

MHSO oversees the design, implementation and maintenance of the PMO.

10) Mission Need Statement (MNS)

Specifically, the MNS addresses a Mission Need: A deficiency in current capabilities or an opportunity to provide new capabilities (or reengineer existing capabilities) using new technologies, or re-calibrated approach. The MNS is a formatted non-system-specific statement containing operational capability needs and is written in broad operational terms. It describes required operation capabilities and constraints tobe studied during the Concept Exploration and Definition Phase.

11) Overarching Integrated Program Teams (OIPT)

Overarching Integrated Program Team (OIPT) consists of Deputy Surgeon's, TMA/HA Directors, and other Senior Officials in DoD. Usually the Deputy Executive of TMA and/or the MDA chairs this group. They usually work issues that are policy in nature and require coordination and/or approval by others in DoD and the Services. They report progress to the MDA.

12) Program Executive Officer (PEO)

The Program Executive Officer is primarily responsible for oversight and management of the planning, integration, and coordination of one or multiple programs that fall under Program Management. The PEO determines which programs/projects will require oversight and assignment under Program Management, and reports to the MDA.

13) Program Manager (PM)

The Program Manager is accountable and responsible for day to day TRICARE program activities, and for ensuring that the program progresses through the tailored management model. The Program Manager reports status and progress to the Director, PM&I.

14) Program Management & Integration (PM&I)

PM&I provides an approved program management model for TRICARE that offers structure and processes, where appropriate, to meet the execution and integration requirements of TRICARE. Core PM&I staff may consist of government, military, and/or contractors depending on the unique characteristics of the program.

15) Program Management & Integration Directorate (PM&ID)

PM&ID works with the TRICARE PEO and all Program Managers providing program and acquisition management support on a daily basis and provides orientation for PMs as an introduction to PMO processes and procedures.

16) Program Management Organization (PMO)

The TRICARE PMO serves as a management vehicle for major TRICARE acquisitions. The PMO approach is one that promotes accountability , structure, flexibility and integration. It employs principles of program management tailored from the DoD 5000 series as a foundation not only for managing healthcare contract acquisitions, but for other complex TRICARE programs, projects reengineering efforts and demonstrations.

17) Program Management Plan (PMP)

This Program Management Plan (PMP) defines the set of products or processes that will satisfy a customer's needs and provides information necessary for management and decision making. It lists activities that must be successfully accomplished to achieve the end goal and identifies any activity that is critical to a subsequent activity or the final objective. It provides general guidance to assist the Program Manager and Integrated Program Team in developing a comprehensive program roadmap. It is meant to provide a starting point and provoke thought and discussion in the various areas that comprise a specific program's management plan. Because it is event driven, the program plan becomes the primary tool for measuring progress toward the objective.

18) TRICARE Executive Committee (TEC)

The TRICARE Executive Committee (TEC) and the Deputy Surgeons General serve as advisory committees at the request of the TRICARE Program Manager or the MDA. The TEC will also serve as the liaison between the Services and the TMA on direct care issues

19) TRICARE Management Activity (TMA)

The TMA ensures, with the support of the Surgeons General of the military departments, that DoD policy on health care is consistently, effectively and efficiently implemented throughout the Military Health System. TMA is accountable for quality health care for members of the Armed Forces, military families, and others entrusted to DoD's care.

20) Working-level Integrated Program Teams (WIPT)

WIPTs are working-level teams represented by cross-functional disciplines. IPTs form a WIPT to analyze a specific issue and recommend potential solutions when input from more than one organization or functional discipline is needed. The director or head of each agency or operation will typically appoint WIPT members.   There may be many WIPTs formed for a single program to address diverse issues.

Appendix
2

TRICARE Program Management Sample Documentation and Templates

Program Manager Appointment Letter Templates

MEMORANDUM FOR *<Title of TMA Director or if within MHSO use the Title of MHSO Directorate and an ATTN: line>*

SUBJECT: Program Manager Appointment for *<Name of Program>*

       Based on guidance from the Department of Defense Regulation 5000.2-R, this memorandum appoints *<Name of Program Manager & Title>* as the *<Name of Program>* Program Manager.

       The TRICARE Program Manager for *<Name of Program>* is accountable and responsible for coordinating the day to day activities of the program and for ensuring that the program progresses satisfactorily through the tailored TRICARE Program Management model. The Program Manager periodically reports status and progress to the TRICARE Program Executive Officer (PEO). In addition, the Program Manager serves as the Chair of the *<Name of Program>* Integrated Program Team (IPT).

       The *<Name of Program>* Program Manager is responsible for:

- managing the program in a manner consistent with the policies and principles articulated by the TRICARE PEO;

- briefing the IPT recommended program schedule to the TRICARE PEO for approval;

- providing assessments of program status and risk reporting variances to the TRICARE PEO;

- monitoring cost, performance and schedule;

- managing the risk for the program by allocating resources, executing risk management, and ensuring interaction and communication between team members;

- overseeing the development of the necessary program and acquisition documentation to execute the program (e.g., Mission Needs Statement, Program Management Plan, etc.);

- representing the program at intra-agency and inter-agency meetings;

- coordinating program actions with the other organizations as necessary.

This assignment expires when the implementation of the plan is completed/executed or, at the request of the TRICARE PEO.

                                    Chief Operating Officer

cc:

Director, PM&I

MEMORANDUM FOR *<Title of TMA Director or if within MHSO use the Title of MHSO Directorate and an ATTN: line>*

SUBJECT: Co-Program Manager Appointment for *<Name of Program>*

Based on guidance from the Department of Defense Regulation 5000.2-R, this memorandum appoints *<Name of Program Manager & Title>* as the *<Name of Program>* Co-Program Manager.

The TRICARE Co-Program Manager for *<Name of Program>* is accountable and responsible for coordinating the day to day activities of the program and for ensuring that the program progresses satisfactorily through the tailored TRICARE Program Management model. The Co-Program Manager periodically reports status and progress to the TRICARE Program Executive Officer (PEO). In addition, the Co-Program Manager serves as the Co-Chair of the *<Name of Program>* Integrated Program Team (IPT).

The *<Name of Program>* Co-Program Manager is responsible for:

- managing the program in a manner consistent with the policies and principles articulated by the TRICARE PEO;

- briefing the IPT recommended program schedule to the TRICARE PEO for approval;

- providing assessments of program status and risk reporting variances to the TRICARE PEO;

- monitoring cost, performance and schedule;

- managing the risk for the program by allocating resources, executing risk management, and ensuring interaction and communication between team members;

- overseeing the development of the necessary program and acquisition documentation to execute the program (e.g., Mission Needs Statement, Program Management Plan, etc.);

- representing the program at intra-agency and inter-agency meetings;

- coordinating program actions with the other organizations as necessary.

This assignment expires when the implementation of the plan is completed/executed or, at the request of the TRICARE PEO.

Chief Operating Officer

cc:

Director, PM&I

MEMORANDUM FOR *<Title of TMA Director or if within MHSO use the Title of MHSO Directorate and an ATTN: line>*

SUBJECT: Deputy Program Manager Appointment for *<Name of Program>*

Based on guidance from the Department of Defense Regulation 5000.2-R, this memorandum appoints *<Name of Deputy PM & Title>* as the *<Name of Program>* Deputy Program Manager.

The TRICARE Deputy Program Manager for *<Name of Program>* receives authority from the Program Manager. He or she assists in coordinating the day-to-day activities of the program and helps to ensure that the program progresses satisfactorily through the tailored TRICARE Program Management model. The Program Manager and Deputy Program Manager periodically report status and progress to the TRICARE Program Executive Officer (PEO). In addition, the Deputy Program Manager may serve as the Chair of the *<Name of Program>* Integrated Program Team (IPT).

The *<Name of Program>* Program Manager and Deputy Program Manager are responsible for:

- managing the program in a manner consistent with the policies and principles articulated by the TRICARE PEO;

- briefing the IPT recommended program schedule to the TRICARE PEO for approval;

- providing assessments of program status and risk reporting variances to the TRICARE PEO;

- monitoring cost, performance and schedule;

- managing the risk for the program by allocating resources, executing risk management, and ensuring interaction and communication between team members;

- overseeing the development of the necessary program and acquisition documentation to execute the program (e.g., Mission Needs Statement, Program Management Plan, etc.);

- representing the program at intra-agency and inter-agency meetings;

- coordinating program actions with the other organizations as necessary.

This assignment expires one year from the date of designation, or at the request of the TRICARE PEO.

Chief Operating Officer

cc:

Director, PM&I

IPT Nomination/ Appointment Letter
(Samples)

MEMORANDUM FOR DIRECTOR, ACQUISITION MANAGEMENT &
                   SUPPORT
                   DIRECTOR, COMMUNICATIONS & CUSTOMER SERVICE
                   DIRECTOR, HEALTH PROGRAM ANALYSIS &
                    EVALUATION
                   DIRECTOR, MILITARY HEALTH SYSTEMS OPERATIONS
                   DIRECTOR, INFORMATION MANAGEMENT, TECHNOLOGY
                    & REENGINEERING
                   DIRECTOR, RESOURCE MANAGEMENT

SUBJECT: Appointment of Integrated Program Team (IPT) Representative for the
*<Name of Prog*ram*>*

      Your support is requested in developing the *<Name of Prog*ram*>*. This team will
<Insert statement on purpose of program>.

      As the TRICARE Program Executive Officer, I am forming this IPT to be comprised of
representatives from the Services and functional areas within the TRICARE Management
Activity (TMA). The IPT shall work collaboratively to address all issues regarding the*<Name
of Program>.*

      I request that you appoint an individual from your Directorate to serve on this IPT.
The individual should have the requisite authority to speak for your functional or operational
area considering the project's scope. If you feel that a full time IPT representative from your
Directorate is not necessary, please provide a point of contact to attend IPT meetings on an as
needed basis. If you have any issues or concerns, whichshould be addressed by the IPT,
please contact the Program Manager,*<name>*. The IPT begins in *<date>*, and expires *<time -
Program End solution*>. The length of the IPT is estimated to extend approximately*<mont*hs*>*.
It is desired for continuity purposes that the person appointed be able to serve throughout the
development and implementation of the improved processes.

      In your appointment memorandum, please use language that clearly describes the
authority and limitations of authority that the appointed IPT member possesses. Please submit
a copy of your appointment memorandum to me by*<date>*. If you have any questions, please
contact *<program manager and phone number>*.

                                 Chief Operating Officer

cc:
Director, PM&I

MEMORANDUM FOR DEPUTY SURGEON GENERAL OF THE <*Service Areas*>

SUBJECT: Appointment of Integrated Program Team Representative for the <*Name of Program*>

Your participation is requested in developing the <*Name of Program*>. The program *will <Insert statement on purpose of program>*.

As the TRICARE Program Executive Officer, I am forming an Integrated Program Team (IPT) comprised of representatives from the services and functional areas within the TRICARE Management Activity (TMA). The IPT shall work collaboratively to address all issues regarding requirement development of the demonstration program.

You are requested to appoint an individual from your Service to serve on this IPT. The individual should have the requisite authority to speak for your functional or operational area considering the project's scope. The IPT begins in <Date>, and expires at the *time <Program End solution>*. The length of the IPT is estimated to extend approximately fourteen (14) months. It is desired for continuity purposes that the person appointed be able to serve throughout the development of the demonstration program.

In your appointment memorandum, please use language that clearly describes the authority and limitations of authority that the appointed IPT member possesses. Please submit a copy of your appointment memorandum to me by <*Response Date*>. If you have any questions, please contact <*Name of Program Manager(s) and telephone #*>.

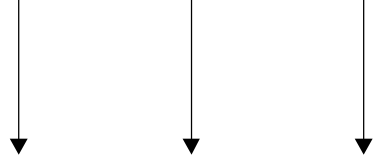Chief Operating Officer

cc:
Director, PM&I

Milestone Chart
(Samples)

Project Milestones
(Draft)

	PHASE 0	PHASE I	PHASE II	PHASE III
DoD 5000	Determination of Mission Need	Concept Exploration	Project Definition & Risk Reduction	Engineering Manufacturing Development	Production, Fielding Development & Operational Support
Tailored for TRICARE	Determination of Mission Need	Concept Exploration	Project Definition & Risk Reduction	Mature & Finalize Design/Process	Operations & Sustainment
Tailored for HEAR Program	*Determination of Mission Need* *•Force Health Protection* *•TRICARE Strategy*	*•Re-Validate Applicability of Existing Tools* *•IM/IT Considerations* *- Y2K Alternatives* *•Recommend Course of action*	*•Identify FHP Requirements* *• Identify MCS Contract Requirements* *•Define IM/IT Requirements* *- Resources* *- Systems Integration*	*•Develop Performance Metrics* *•Develop Implementation Plan to Include:* *- Test & Evaluation* *- Draft DoD I* *- Training Program* *- Marketing Plan*	*•Deploy HEAR Program to MHS:* *•Establish HEAR Program office to:* *- Oversee operations* *- Monitor performance* *- Provide reports*

MS 0
January 99
Approval of Mission Need

MS I
February 99
Approval of Course of Action

MS II
May 99
Approval of HEAR Requirements & Metrics

MS III
October 99
Approval of Implementation Plan

FEHBP Demonstration Milestone Chart

		PHASE 0	PHASE I	PHASE II	PHASE III	
DoD 5000	Determination of Mission Need	Concept Exploration	Project Definition & Risk Reduction	Engineering Manufacturing Development	Production, Fielding Development & Op Support	
Tailored for TRICARE	Determination of Mission Need	Concept Exploration	Project Definition & Risk Reduction	Mature & Finalize Design/Process	Operations & Sustainment	
Tailored for FEHBP	Public Law 105-261 Determination of Mission Need	**Program Design** •Site Selection •Roles and Responsibilities 1/15/99	**Program Development** •Develop Operational Requirements •Systems Integration •Establish Risk Pools •Develop Communication	**Program Implementation** •OPM/Carrier Negotiation •Open Season Materials Completed •Conduct Open Season 8/99-12/99	**Program Operations** •Start of Health Services 1/00-12/02	**Program Evaluation** •1st Report to Congress 5/01/00 •2nd Report to Congress 12/31/02

MS 0
Approval of Mission Needs Statement (MNS)
1/99

MS 1
Approval of Concept of Operations (CONOPS) & Memorandum of Understanding (MOU)
2/99

MS 2
Approval of Program Management Plan (PMP)
6/99

Mission
Need Statement
(Template)

Note to the Reader

This Mission Need Statement is a formatted non-system-specific statement containing operational capability needs and is written in broad operational terms.   It describes required operation capabilities and constraints to be studied during the Concept Exploration and Definition Phase. Specifically, the MNS addresses a Mission Need: A deficiency in current capabilities or an opportunity to provide new capabilities (or reengineer existing capabilities) through the use of new technologies, or re-calibrated approach. It is developed in broad program management structures and processes.

You are encouraged to tailor the template and make additions or subtractions as your professional judgement deems necessary. Through this activity, keep in mind that this document is central to a successful program and requires thoughtful deliberation, meaningful participation and careful documentation.

While using this template, remember that:

Bold text is boilerplate information

Italics illustrate an instruction or direction

The ✍ symbol highlights notes, suggestions or questions

Mission Needs Statement (MNS)

For

[Insert Program Name Here]

This Mission Needs Statement (MNS) describes the required operational capabilities (mission or purpose) for (enter program name) **The MNS identifies major program objectives to which the need responds. If the MNS is carefully prepared to address the program's end result objectives, then future decisions concerning milestones, high-level activity and evaluation pieces may be easier to finalize.**

    ?   This document should be tailored to meet your program's specific requirements, but should follow the attached guidelines.

This MNS contain the following sections:

1) **Background**
2) **Statement of Need**
    ?   **Alternative Analysis (if applicable)**
    ?   **Constraints (if applicable)**
3) **Approval**

BACKGROUND

This program is one of many found to be well suited for the principles of program management.

In one paragraph, the background section should familiarize the reader to the program's DoD background.

    ?   Was the program initiation Congressionally mandated, approved by the TMA Executive Director, or proposed as a problem area that needed to be addressed via program management techniques. [See Section 1, page 3 (Scope and Applicability of Program Management to TRICARE)].

    ?   Does the initiative, program or demonstration incorporate any specific PMO oversight and management activities [See Section 1, page 3 (Scope and Applicability of Program Management to TRICARE)].

STATEMENT OF NEED

The statement of need should clearly explain the program's mission need or operational requirements (one or two paragraphs).

ALTERNATIVE ANALYSIS (if applicable)

The alternative analysis section should identify any changes in operational concepts, tactics, organization or training that were considered in the context of satisfying the deficiency or program need.

- ✍ Address any existing or potential alternatives to your program.
- ✍ Describe why the alternatives or proposed changes were judged to be inadequate.

CONSTRAINTS (if applicable)

Describe key boundaries or conditions related to the program that may impact satisfying the mission of the program. Identify potential problems in the mission area that will impede on the effectiveness or success of your program.

APPROVAL

(Co) Program Manager	**Date**

[Add another signature line if Co-Program Manager applies]

TRICARE Program Executive Officer	**Date**

Operational Requirements
Document
(Template)

Note to the Reader

This Operational Requirements Document (ORD) Template describes each program objective in terms that define the program capabilities available to satisfy the mission need. The ORD is a formatted statement containing performance and related operational parameters for the proposed concept or system. It is prepared by the user or user's representative at each milestone, beginning with Milestone I, Concept Demonstration Approval.

You are encouraged to tailor the template and make additions or subtractions as your professional judgement deems necessary. Through this activity, keep in mind that this document is central to a successful program and requires thoughtful deliberation, meaningful participation and careful documentation.

While using this template, remember that:

Bold text is boilerplate information

Italics illustrate an instruction or direction

The ✍ symbol highlights notes, suggestions or questions

Operational Requirements Document (ORD)

For

[Insert Program Name Here]

This document will describe in detail the program's functional requirements and performance metrics as they relate to fulfilling program objectives for the (enter program name)**program**. **The established objectives represent a measurable, beneficial increment within the program requirements. This document will describe in detail the functional requirements and performance metrics of the program as they relate to fulfilling program objectives**

- ✍ The ORD will vary from program to program depending on operational requirements and objectives set in the Mission Needs Statement (MNS).

- ✍ This document should be tailored to meet your program's specific requirements, but should follow the attached guidelines.

This ORD contains the following sections:

1) **Background**
   - ✍ Shortcomings of existing systems (if applicable)
2) **Functional Requirements**
3) **Performance Metrics**
4) **Program Performance**
5) **Program Support**
   - ✍ Technical Interface (if applicable)
6) **Maintenance Planning**
   - ✍ Support Equipment (if applicable)
7) **Human Systems Integration**
8) **Schedule Considerations**
9) **Approval**

BACKGROUND

In one paragraph, familiarize the reader with the general mission need as described in the MNS.

> ✍ You may want to explain the process that investigated alternatives for satisfying the mission need and developing operational requirements.

SHORTCOMINGS OF EXISTING SYSTEMS (if applicable)

Describe why existing systems or programs can not meet the current or projected requirements.

FUNCTIONAL REQUIREMENTS

Identify the program's operational capabilities (functional requirements). Articulate requirements in operational, out-put oriented, and measurable terms.

PERFORMANCE METRICS

Specify each performance metric in terms of a minimum acceptable value (threshold) required to satisfy the mission need. Objectives should represent a measurable, beneficial increase in capability or operations and support above the threshold.

> ✍ How will you measure the success of your program?
> ✍ Are there standards to which the program must adhere?

PROGRAM PERFORMANCE

Identify the program performance parameter(s) that should be considered the key performance parameter(s).

PROGRAM SUPPORT

Establish support objectives for operational capabilities. Discuss interfacing support systems that will impact the success of the program by:

- identifying opportunities for program collaboration when desirable,

- identifying the program's impact on TRICARE, and

- identifying the program's impact on the overall TRICARE Program.

✍ For example: OPM, TMA, DFAS, AMO-W will all interconnect at some levels for some programs. Assign a joint potential designation.

TECHNICAL INTERFACE *(if applicable)*

MAINTENANCE PLANNING

Identify maintenance tasks to be accomplished and time phasing for all levels of maintenance of program objectives. Describe tasks that must be routinely accomplished to maintain the forward-motion of the program. Identify those task members and assign formal responsibilities.

SUPPORT EQUIPMENT (if applicable)

Describe standard support equipment or information systems that will be used by the program.

HUMAN SYSTEMS INTEGRATION

Establish broad manpower constraints for program managers, program support staff, and evaluators. Identify manpower requirements that impact program requirements.

SCHEDULE CONSIDERATIONS

Define what actions, when complete will constitute initial and full operational capability. Identify any schedule constraints that will delay or inhibit program fruition.

APPROVAL

_____
(Co) Program Manager   **Date**
[Add another signature line if Co-Program Manager applies]

_____
TRICARE Program Executive Officer   **Date**

Program Management Office
Business Plan
For
(enter name of program)
(Template)

Note to the Reader

This Business Plan Template presents the processes by which programs identified for program management and oversight shall be managed. It is provided as general guidance to assist the Program Manager and Integrated Program Team in managing the day to day operation of the specific program's management plan. You are encouraged to tailor the template and make additions or subtractions as your professional judgement deems necessary. Through this activity, keep in mind that this document is central to a successful program and requires thoughtful deliberation, meaningful participation and careful documentation.

While using this template, remember that:

SECTION HEADING ARE BOLD & CAPITALIZED (14 font)

Subsections are bolded (14 font)

Bold text (12 font) is boilerplate information, and should be in changed to regular font **when the document is completed.**

Regular text (12 font) indicates instruction, direction, or a suggestion and should be deleted when the document is completed.

Italics (12 font) indicate text that is optional or applicable only for certain programs.

Examples (11 font) are indented and preceded as such
Example:

PMO Business Plan

For

[Insert Program Name Here]

This PMO Business Plan presents the processes by which (enter program name)**shall be managed. This document's components include:**

1) **Participants' Roles and Responsibilities**
2) **Business Rules**
   a) **Participation**
   b) **Flow of Activity**
   c) **Communication Protocol**
3) **Relationship Between the Contract Management and Program Management Activities**

ORGANIZATIONAL RESPONSIBILITIES AND RELATIONSHIPS

Please insert the program name and Program Manager into the appropriate box illustrated in Figure 2. No other changes to the organization chart are necessary unless you are incorporating existing functional and technical teams, require a higher level of approval outside of TRICARE, or are working with an organization outside of the Military Health Service (MHS).

Co-Program Managers or Deputy Program Managers *if*(*applicable*) should also be incorporated.

The chart below (Figure 2.0) depicts the decision-making hierarchy and the relationship between the TRICARE Program

and the Projects. The roles and responsibilities of participants and organizations are detailed following the chart.

**Figure 2.0
TRICARE Program Management Oversight**

Once the overall direction and milestones are established by the Milestone Decision Authority (MDA), execution of the TRICARE Program operates as a "bottom up" activity – all execution decisions are made at the lowest appropriate level possible. Issues that cannot be resolved are elevated to the next level within the organization through completion. Ultimately, the MDA has the final decision authority for the TRICARE Program.

The titles and respective responsibilities are listed below:

Milestone Decision Authority (Executive Director, TMA)

The MDA, (the Executive Director, TMA), appoints and delegates responsibility to the TRICARE Program Executive Officer. The MDA also establishes the tailored milestone decision points for the TRICARE Program and all of its elements. At each milestone or program review, the MDA determines that the project being reviewed is progressing satisfactorily.   Favorable milestone decisions permit the program to proceed.

TRICARE Executive Committee/Deputy Surgeons General

The TRICARE Executive Committee (TEC) and the Deputy Surgeons General serve as advisory committees at the request of the TRICARE Program Executive Officer or the MDA. The TEC will also serve as the liaison between the Services and the TMA on direct care issues.

TRICARE Program Executive Officer (Chief Operating Officer, COO, TMA)

The TRICARE Program Executive Officer (PEO) will oversee the execution of all TRICARE related actions. The PEO is responsible for planning, directing and controlling the TRICARE Program and all of its elements. The TRICARE PEO determines a program's inclusion in the PMO and assigns Program Managers as necessary.

Program Management & Integration (PM&I) Director (Military Health Services Operations (MHSO)

The Director, Program Management and Integration, MHSO oversees the design, implementation and maintenance of the Program Management Organization. The PM&I director works with the TRICARE PEO and all Program Managers providing program and acquisition management support on a continual basis.

Acquisition Management Office – Washington (AMO-W) Director

The Director, Acquisition Management Office –Washington provides support to the PEO and Director, PM&I in overseeing the

design, implementation, and maintenance of the PMO. The AMO-W will work with the PM's providing program acquisition management support as needed.

PM&I Program Coordinator (PC)

The Program Coordinator acts as a representative of the PM&I office and provides technical and administrative support to the PM and IPT on a daily basis. This support will include overall integration, document preparation, master schedule maintenance, and activity tracking.   The PC also functions as the main point of contact for coordination of information or issues that arise during the course of the program. Program PCs meet regularly with the PM&I Director and AMO-W Director to provide status on their programs.

Program Manager (PM)

The Program Manager is assigned to TRICARE related activities known as programs. The Program Manager is accountable and responsible for the day to day activities and for ensuring that the program progresses through the tailored management model. The Program Manager reports status and progress to the Director, PM&I.   The Program Manager is responsible for the successful completion of his or her defined requirement. Program Managers and Integrated Program Teams (IPTs) will receive their authority and responsibilities through memoranda signed by the TRICARE PEO.

Integrated Program Teams (IPTs)

On an as-needed basis, the organization will form IPTs comprised of members from the various departments of TMA, the Services, and other applicable groups.   The IPT composition will be determined based upon the requirements for the specific program. The IPT members are authorized to speak on behalf of, and task others within their organization.   For continuity purposes, it is desired that the IPT members serve throughout the defined period.

Discuss how this program will employ IPTs. What groups will be represented? Will there be more than one person from each group? Will members from agencies outside of TMA be utilized?

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In describing your IPT composition, include the specific roles and functions of each IPT member as it pertains to your program.

Example:

The Enrollment IPT will consist of two members from the HPA&E Directorate. One HPA&E member is a Deputy PM for another IPT whose mission is directly impacted by the actions of the Enrollment IPT. This individual will act as the integration nexus and coordinate information between these two IPTs to ensure consistency and non-duplicity of effort. The other HPA&E member has performed extensive site studies on enrollment thresholds in given catchment areas and is most capable in developing metrics and measuring the performance of the initiatives enacted by the Enrollment IPT.

Working-level Integrated Program Teams (WIPTs)

WIPTs are working-level teams represented by cross-functional disciplines. IPTs form a WIPT to analyze a specific issue and recommend potential solutions when input from more than one organization or functional discipline is needed. The director or head of each agency or operation will typically appoint WIPT members. There may be many WIPTs formed for a single program to address diverse issues.

For example, when a new release of a managed care contract incorporates new information system requirements, the IPT may assign a WIPT to develop the cost estimate of the new requirement. A WIPT, comprised of representatives from the Military Health Systems Operations and the Information Management, Technology and Reengineering Office would work to define the functional requirements, develop a feasible technical solution, and develop a cost estimate.

When a particular organization is tasked to respond to an issue, and the scope of the issue is within that of the organization, (no other functional representation is required); a WIPT is not formed. For example, procuring a pharmacy software system requires an Acquisition Strategy. The IPT member from the Acquisition Management and Support (AM&S) office would assign members of their staff to prepare the document. This would not be an example of a WIPT, because the preparation of an Acquisition Strategy falls within the normal scope of AM&S' activities. Input from other functional organizations is not required.

Discuss how this program will employ WIPTs. What groups will be represented? Will there be more than one? Will you use existing groups? Will you establish WIPTs by functional assignments (e.g., Acquisition WIPT, Finance WIPT) or by a specific deliverable or

task (e.g., Develop Statement of Objectives)?   Who will be on these WIPTs, and why?

BUSINESS RULES

The following rules guide the program participants through the day-to-day management and operation involving the (enter program name).

Participation

The following portion is only applicable to procurement-sensitive programs*:*

All Government and contractor participants <u>must</u> execute a Confidentiality Statement (CS) prior to receiving <u>any</u> program management sensitive information.   Integrated Program Team (IPT) members not privy to program management sensitive information are not required to sign the document.   They must, however, receive a CS and acknowledge that they understand and will comply with the stated requirements.   All new participants will be directed to the Program Manager (PM) who will issue the CS. The original is kept by the PM, who will maintain the list of authorized participants.

Prior to all meetings, attendees will be screened against the list of authorized participants. In the event a participant does not abide by the stated requirements, the PM may remove that individual from this program.

Depending on the scope of the program, a Co-Program Manager may be assigned to provide additional management support. In this instance, the manager may delegate confidentiality documentation duties to the Co-Program Manager or Deputy Program Manager (if applicable).

Attendance at IPT meetings is normally limited to IPT members and those directly invited by the PM. Attendance at Working-level Integrated Program Team (WIPT) meetings is limited to WIPT members and direct invitations from the WIPT chair.

There may be meetings with participation from other areas within the TRICARE Management Activity; core PM&I staff that may consist of Government, military, and/or contractors; staff from the Surgeons General offices, or other designated offices. The PM may invite the individual(s) to attend specific meetings. The PM will be responsible to ensure the invited personnel are instructed on the TRICARE PMO business rules *regarding program sensitive information, (if applicable***). IPT members may also recommend to the PM that an individual or group attend a meeting(s) to assist in issue resolution.**

IPT members should identify an individual from their workspace to serve as an alternate IPT member for those meetings they can not attend. While alternate IPT members will not be required to attend or participate in regularly scheduled IPT meetings and tasking, they will be responsible for compliance with the rules identified in this Business Plan.

In the event a discussion at an IPT meeting results in a vote for a particular issue, alternate IPT members may provide input but not serve as a voting member.

Flow of Information

All items (contracts requirements, documents, questions, comments, information requests and issues) concerning the various areas that comprise a specific program's management plan or regarding the status of the program will be initially directed to the PM unless otherwise delegated by the PM to a designated IPT member. The PM will keep a log of items, with the assistance of their program coordinator, to include: source, data received, data resolved, action officer (either an individual, IPT, or WIPT), status and disposition. The PM will not release any information regarding the (insert program name**) to authorized participants unless a need to know exists.**

Communication Protocol (for procurement sensitive programs only)

Email communication within the Health Affairs/TRICARE Management Activity (HA/TMA) Network is secure for sensitive information and authorized provided:

- *The email has "Procurement Sensitive" printed at the top and bottom of the email in legible print*

- *All recipients have a need to know and have agreed to the terms of the CS*

- *No recipient is located outside of the TMA Local Area Network (LAN)*

Documents and files sent to authorized participants outside of the HA/TMA network must be accomplished using traditional safeguarding measures such as approved Courier Services (i.e., Federal Express) unless a secure email communication channel has by approved by the PM.

Any questions regarding these procedures should be forwarded to the PM who will resolve the issue.

RELATIONSHIP BETWEEN PM&ID AND PROGRAM MANAGEMENT ACTIVITIES

Program Management & Integration Activities will be coordinated through the PM&I Directorate to ensure the successful completion of all initiatives identified for management and oversight by the PMO. The objectives of the collaboration are to eliminate duplication of effort between the multiple activities, and integrate Program Management programs and projects and to secure the efficient production of identified deliverables. All activities will use a teamwork approach to identify issues, resolve those issues, and keep the deliverables on a schedule to meet established milestones.

The PM&ID and selected PMs will work closely together to coordinate activities and share information. A collaborative approach will be taken to meet identified milestones and resolve issues critical to the overall PMO success.

APPROVAL

_____

Program Manager
            Date

_____

Co/Deputy Program Manager (**if applicable**)
            Date

_____

TRICARE Program Executive Officer
  Date

Program Name

PROGRAM MANAGEMENT PLAN (PMP)

Month/Year

Note to the Reader

This Program Management Plan (PMP) Template is provided as general guidance to assist the Program Manager and Integrated Program Team in developing a comprehensive program roadmap. It is meant to provide a starting point and provoke thought and discussion in the various areas that comprise a specific program's management plan. You are encouraged to tailor the template and make additions and subtractions as your professional judgement deems necessary. Throughout this activity, keep in mind that this document is the centerpiece of a program and requires thoughtful deliberation, meaningful participation and careful documentation.

While using this template, remember that:

HEADINGS ARE IN CAPS & BOLDED (14 FONT).

Subheadings are bolded (14 font).

Boilerplate information is bolded (12 font), and should be changed to regular font **when the document is completed**.

Regular font (12) indicates instruction, direction, or a suggestion and should be deleted when the document is completed.

Italics (12) indicate text that is optional or applicable only for certain programs.

> Examples are indented (11 font) and are preceded as such; Example:

Table of Contents

Approvals

PURPOSE AND OVERVIEW

This Program Management Plan (PMP) provides a roadmap for developing and executing the [*enter program name*] Program. It addresses the strategies, roles, responsibilities, plans, milestones, and issues appropriate to the program office's management activities, and it identifies the impact of the program on the TRICARE Program.

Are there any unique characteristics about your program that you would like to highlight?

OBJECTIVE AND SCOPE

Objective

Define the overall program objective. This can be a one or two sentence description of your programs overall mission.

Scope

Describe, in general terms, the program scope (where are the boundaries of the program). For example, is the program limited to an MTF, is it DoD/MHS-wide or is it interagency. Also, list the names of other programs that may be impacted by this program.

Information for the objective and scope can should be consistent with what is found in the Mission Needs Statement for this program

PROGRAM STRATEGY

The major activities of the Program will be implemented in a series of four phases:

Phase 0	**Concept Exploration**
Phase I	**Program Definition and Risk Reduction**
Phase II	**Mature and Finalize Design and Processes**
Phase III	**Deployment and Operational Support**

Figure 1.0, Program Milestones, illustrates the "cradle to grave" concept of milestones and the tailoring of DoD 5000.

The phases and milestones of a Managed Care Support (MCS) Program are included to provide some insight into the tailoring process as well as to illustrate the inherent flexibility with the management model.

Figure 1 needs to be tailored and some phases may be combined or not applicable.

Figure 1
Tailoring the DoD 5000 Managed Care Support Contract (MCSC) Program

		PHASE 0	PHASE I	PHASE II	PHASE III	
Tailored for TRICARE	Determination of Mission Need	Concept Exploration	Project Definition & Risk Reduction	Evaluate Specific Solutions	Transition In/ Implementation Operations Support	Transition Out
Tailored for MCSC	*Mission Need*	*Feasibility of Alternative Concepts*	*Develop RFP*	*Evaluate Proposals*	*Healthcare Delivery/Contract Execution + Option Years*	*Follow On*

MS 0	MS I	MS II	MS III	MS IV
Approval to Conduct Concept Studies	Approval to Develop RFP	Approval to Develop RFP	Approval of Implementation Plan and Award Decision	Approval of Transition Out Plan

The strategies, plans and activities required to establish the program will be consistent with the overall TRICARE Program goals and guiding principles, as detailed in the TRICARE Program Management Users' Guide.

- In which phase are you beginning with your program?
- Will your program proceed through all of the phases?
- How will you tailor the DoD 5000 phases to meet the needs of your program?
- What are the major milestones for your program?

ORGANIZATIONAL RESPONSIBILITIES AND RELATIONSHIPS

Please insert the program name and Program Manager into the appropriate box illustrated in Figure 2. No other changes to the organization chart are necessary unless you are incorporating existing functional and technical teams, require a higher level of approval outside of TRICARE, or are working with an organization outside of the Military Health Service (MHS).

Co-Program Managers or Deputy Program Managers (*if applicable*) should also be incorporated.

The chart below (Figure 2.0) depicts the decision-making hierarchy and the relationship between the TRICARE Program and the Projects. The roles and responsibilities of participants and organizations are detailed following the chart.

Figure 2.0
TRICARE Program Management Oversight

Once the overall direction and milestones are established by the Milestone Decision Authority (MDA), execution of the TRICARE Program operates as a "bottom up" activity – all execution decisions are made at the lowest appropriate level possible. Issues that cannot be resolved are elevated to the next level within the organization through completion. Ultimately, the MDA has the final decision authority for the TRICARE Program.

The titles and respective responsibilities are listed below:

Milestone Decision Authority (Executive Director, TMA)

> **The MDA, (the Executive Director, TMA), appoints and delegates responsibility to the TRICARE Program Executive Officer. The MDA also establishes the tailored milestone decision points for the TRICARE Program and all of its elements. At each milestone or program review, the MDA determines that the project being reviewed is progressing satisfactorily. Favorable milestone decisions permit the program to proceed.**

TRICARE Executive Committee/Deputy Surgeons General

> **The TRICARE Executive Committee (TEC) and the Deputy Surgeons General serve as advisory committees at the request of the TRICARE Program Executive Officer or the MDA. The TEC will also serve as the liaison between the Services and the TMA on direct care issues.**

TRICARE Program Executive Officer (Chief Operating Officer, COO, TMA)

> **The TRICARE Program Executive Officer (PEO) will oversee the execution of all TRICARE related actions. The PEO is responsible for planning, directing and controlling the TRICARE Program and all of its elements. The TRICARE PEO determines a program's inclusion in the PMO and assigns Program Managers as necessary.**

Program Management & Integration (PM&I) Director (Military Health Services Operations (MHSO)

> **The Director, Program Management and Integration, MHSO oversees the design, implementation and maintenance of the Program Management Organization. The PM&I director works with the TRICARE PEO and all Program Managers providing program and acquisition management support on a continual basis.**

Acquisition Management Office – Washington (AMO-W) Director

> **The Director, Acquisition Management Office –Washington provides support to the PEO and Director, PM&I in overseeing the design, implementation, and maintenance of the PMO. The AMO-W will work with the PM's providing program acquisition management support as needed.**

PM&I Program Coordinator (PC)

> **The Program Coordinator acts as a representative of the PM&I office and provides technical and administrative support to the PM and IPT on a daily basis. This support will include overall integration, document preparation, master schedule maintenance, and activity tracking. The PC also functions as the main point of contact for coordination of information or issues that arise during the course of the program. Program PCs meet regularly with the PM&I Director and AMO-W Director to provide status on their programs.**

Program Manager (PM)

> **The Program Manager is assigned to TRICARE related activities known as programs. The Program Manager is accountable and responsible for the day to day activities and for ensuring that the program progresses through the tailored management model. The Program Manager reports status and progress to the Director, PM&I. The Program Manager is responsible for the successful completion of his or her defined requirement. Program Managers and Integrated Program Teams (IPTs) will receive their authority and responsibilities through memoranda signed by the TRICARE PEO.**

Integrated Program Teams (IPTs)

> **On an as-needed basis, the organization will form IPTs comprised of members from the various departments of TMA, the Services, and other applicable groups. The IPT composition will be determined based upon the requirements for the specific program. The IPT members are authorized to speak on behalf of, and task others within their organization. For continuity purposes, it is desired that the IPT members serve throughout the defined period.**

Discuss how this program will employ IPTs. What groups will be represented? Will there be more than one?

Working-level Integrated Program Teams (WIPTs)

WIPTs are working-level teams represented by cross-functional disciplines. IPTs form a WIPT to analyze a specific issue and recommend potential solutions when input from more than one organization or functional discipline is needed. The director or head of each agency or operation will typically appoint WIPT members. There may be many WIPTs formed for a single program to address diverse issues.

For example, when a new release of a managed care contract incorporates new information system requirements, the IPT may assign a WIPT to develop the cost estimate of the new requirement. A WIPT, comprised of representatives from the Military Health Systems Operations and the Information Management, Technology and Reengineering Office would work to define the functional requirements, develop a feasible technical solution, and develop a cost estimate.

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Discuss how this program will employ WIPTs. What groups will be represented? Will there be more than one? Will you use existing groups? Will you establish WIPTs by functional assignments (e.g., Acquisition WIPT, Finance WIPT) or by a specific deliverable or task (e.g., Develop Statement of Objectives)?

MANAGEMENT APPROACH

The following is offered as sample text. If specific reporting or oversight direction has been provided, you should add it to this section.

The management approach for the Program will follow a tailored version of the management model detailed in DoD 5000.2-R, *Mandatory Procedures for Major Defense Acquisition Programs (MDAPs) and Major Automated Information System (MAIS) Acquisition Programs.* **The DoD 5000.2-R management process is structured in logical phases separated by major decision points called milestones. The process begins with the identification of broadly stated mission needs and translates those needs into a stable, affordable, well-managed program.**

At program initiation, and after reviewing the Program Management Plan, the TRICARE PEO will propose for consideration to the TEC and the Milestone Decision Authority: the appropriate milestones, the level of decision-making for each milestone, and the documentation for each milestone. These three elements are presented in this PM Plan that, when finalized, will be presented to the MDA. Changes and recommendations from the MDA will be coordinated by the TRICARE PEO and the Program Managers with the TEC and incorporated into the PM Plan. The revised plan will be re-submitted to the MDA until final approval has been received.

In addition to a structured, albeit tailored approach, a key tenet of the DoD 5000.2-R acquisition management model is the use of IPTs to integrate essential cross-functional disciplines to optimize program decisions. The cross-functional IPT will be developed and will facilitate program execution. The IPT will ensure that stakeholders have a voice in the development and execution. When possible, the IPT will use a consensus decision-making model.

MIGRATION STRATEGY *(if applicable)*

- Has this requirement been provided in another capacity?
- If so, how will you transition implementation to the new design?
- Will there be impacts to current systems, procedures, policies, etc.?

If the requirement met by the program is currently being provided, describe the process necessary to migrate to the new solution. Identify elements that will be affected by this change (such as information systems). Describe how you plan to move the requirement from the old to the new process.

If this is a brand new requirement, not being fulfilled by any other mechanism, this section is *not applicable.*

ACQUISITION STRATEGY *(if applicable)*

The following questions should be considered when developing this portion of the Program Management Plan. Keep in mind that this is not a detailed Acquisition Plan. An Acquisition Plan may be necessary; however, it will be detailed later. This section is meant to be the overarching strategy. The following questions may prove useful in getting started.

- Is a non-material solution available?   (i.e., will a policy change meet my requirements?)

- Do existing contracts exist that are potentially in scope? (i.e., indefinite delivery/indefinite quantity contracts; contracts accessible through GSA Schedules; etc.)
- Is the DoD authorized to use these existing contracts?
- When will a detailed Acquisition Plan be drafted?
- Who will prepare the Acquisition Plan?
- Will an Acquisition WIPT be established for other activities? If so, who is required to participate as a member?
- Are there legal issues that need to be resolved?
- Is the value of the work large enough to require formal source selection procedures?

PROGRAM INTEGRATION

The PM&I Directorate is responsible for compiling and analyzing information from all of the TRICARE Programs. PM&I will build and maintain systems that will store all documents, schedules and data for all programs, enabling the TRICARE PEO and Director, PM&I to:

- Identify opportunities for program collaboration when desirable,
- Identify the program's impact on TRICARE, and
- Identify the program's impact on the overall TRICARE Program.

The Director reports regularly to the TRICARE PM on the interrelationships, schedule conflicts, program status, etc.

If you know of any existing integration, please provide a list and description of how your program will affect/depend upon/interact with, etc. the other programs. The tools that are used for integration, such as Primavera and the Integration House, should also be mentioned.

DATA STANDARDS

The following questions should be used as a starting point to document this section:

- Will the program impact any existing information systems? (i.e., CHCS, DEERS)
- Will the program require a new information system?
- Are there any HIPPA standards that apply to my program?
- Will any data be considered confidential? Classified?
- Are there any special reporting requirements (i.e., to GAO)?
- Have you coordinated with the Functional Integration and Data Administration within the Information Management, Technology and Reengineering Directorate?

PERFORMANCE METRICS

Briefly describe what means will be employed to measure the success of your program, as well as any standards to which the program must adhere. This information should be consistent with what you have in your Operational Requirements Document (ORD).

> Example:
>
> The TRICARE Prime Remote (TRP) Program Manager will evaluate the successful implementation of the program by studying (a) Active Duty enrollment in TRP locations; (b) costs of health care delivery of TPR enrollees; (c) costs to administer the contract modifications; and (d) health care utilization of TPR enrollees.

SCHEDULE OF ACTIVITIES

Insert a schedule that identifies high level tasks to be completed. Also identify the major milestones, as well as the exit criteria for each milestone.

RESOURCE REQUIREMENTS

List the labor requirements to complete each phase of the program. Provide them in hours, person years, or FTEs and break it out by labor category such as Senior Program Analyst, Clinician, Data Processor, etc.

Funding

- What is the required funding for the program by phase?
- Has funding been approved for Program Implementation?

RISK ASSESSMENT

Technical Risk

Identify technical risks associated with incorporating the Program into the overall TRICARE Program. These risks may include the technologies, such as data standardization and data migration, necessary to incorporate the program into the information systems currently in place. This section should also address risk mitigation efforts that will be undertaken. Typical technical risk mitigation actions may include system change reviews and analysis. Other technical risks may involve

aligning MCSCs business practices and contracts with the new requirement that results.

Programmatic Risk

Identify the risks associated with obtaining and using resources, including personnel resources and funding resources, to support activities under the control of the PM and the subsequent risk mitigation efforts.

Cost Risk

Identify the cost risks related to instability in program growth, programmed funding, and costs driven by the marketplace. Potential mitigation strategies include cost and budget metrics, requirements stability and growth metrics, realistic cost estimations, and routine analysis of the marketplace influences on the program's progress.

Schedule/Performance Risk

Identify schedule risks associated with schedule slippage within the program life cycle and in related programs. Mitigation strategies include schedule metrics, use of incremental development and delivery activities, and application of realistic estimation processes for planning program activity. Performance risks include those associated with the contractor performance and the ability to meet the performance expectations or the program requirements. Contractor Performance/Client Satisfaction involves client support, performance, and reliability.

APPROVALS

_____
Program Manager   Date

_____
Co/Deputy Program Manager (*if applicable*)   Date

_____
IPT Member   Date

_____
IPT Member   Date

_____
IPT Member   Date

_____
IPT Member   Date

_____
IPT Member   Date

_____
IPT Member   Date

_____
IPT Member   Date

_____
TRICARE PEO   Date

Appendix

3

Reference Documentation

TRICARE Program Executive Officer (PEO) Charter

MEMORANDUM FOR DIRECTOR, MILITARY HEALTH SERVICES OPERATION

SUBJECT: Program Executive Officer (PEO) Appointment for the TRICARE Program

       In accordance with Department of Defense Regulation 5000.2-R guidance, this memorandum appoints RADM Thomas Carrato, Chief Operating Officer, TRICARE Management Activity as the TRICARE Program Executive Officer (PEO).

       The TRICARE PEO provides overarching direction, supervision, and control, and is granted authority commensurate with assigned accountability and responsibility. The attached charter outlines thePEO's roles and responsibilities, as well as the lines of authority for the TRICARE Program.

       This assignment expires at the request of the Milestone Decision Authority (MDA), or when the TRICARE Programis terminated.

Signature on File

TRICARE Program Chart

Milestone Decision Authority (MDA)
(Executive Director, TMA)

TRICARE
Program Executive Officer

TRICARE Executive Committee (TEC)
(Advisory Council)

Deputy Surgeons General
(Advisory Council)

Program Management &
Integration Directorate
(MHSO)

TRICARE Change Management Board

MHSO Initiative Tracking

TRICARE 3.0 RFP	Region 2/5 RFP	Self Reporting Tools (HEAR)	MHS Optimization Team	Dental Plan RFP	Pharmacy Data Transaction Service	Claims Processing
Region 6-						
Region 11						
			PCM By Name			
National Enrollment Database (NED)	Pharmacy Redesign Pilot Program	TRICARE Senior Supplement	Data Quality	Mental Health Benefits Program	Enrollment Integration	TRICARE Prime Remote
						Supplemental Care
Beneficiaries with Special Needs	Pharmacy 3.0	Health Insurance Portability Accountability Act (HIPAA)	FEHBP Demonstration	Customer Service	Women Infant Children (WIC) Overseas	Leadership Interface with Medical
				Telephone Access	Appointment Standardization	

TRICARE

Program Descriptions

Program Management

The TRICARE-related programs and projects are well suited for the principals of program management. The TRICARE programs that fall under the administration of the Program Management Organization (PMO) include:

- New initiatives for health care delivery;

- Legislatively mandated demonstrations;

- The award of TRICARE managed care support and other contracts;

- Existing programs earmarked for reengineering to better meet the needs of the MHS; and

- Other new TRICARE programs as designated.

The TRICARE Milestone Decision Authority (MDA) or the Program Executive Officer (PEO) determines which programs will be managed under the PMO. General guidelines for determining if a program is appropriate for Program Management include meeting categories 1 and 2, or category 3 below.

Category 1: The program has a definable beginning and end point, follows a life cycle from start to completion, and is defined as a program requiring input from many sources versus an individual task or process improvement activity.

> *AND*

Category 2: The program is more than moderately complex resulting in medium risk to the success of the TRICARE mission.

> *OR*

Category 3: The program is identified by either the TRICARE Milestone Decision Authority (MDA) or the TRICARE Program Executive Officer (PEO) as requiring program management oversight.

Program Descriptions

The following TRICARE programs are currently being executed using program management support.

Demonstrations

Federal Employees Health Benefits Program (FEHBP)

The FEHBP Demonstration Program is Congressionally mandated by section 721 of the FY 1999 National Defense Authorization Act. The Department of Defense (DoD) and the Office of Personnel Management (OPM) will implement the FEHBP Demonstration Program to facilitate DoD contributions to FEHBP plans on behalf of Military Health System (MHS) beneficiaries. FEHBP came under the guidance of the TRICARE PMO in November 1998.

TRICARE Senior Supplement

The TRICARE Senior Supplement Demonstration Program is Congressionally mandated by section 722 of the FY 1999 National Defense Authorization Act. The DoD will implement the TRICARE Senior Supplement Demonstration Program to facilitate DoD payments on behalf of Military Health System (MHS) beneficiaries receiving Medicare benefits while enrolled in the TRICARE program as a supplement to Medicare. TRICARE Senior Supplement came under the guidance of the TRICARE PMO in January 1999.

Pharmacy Redesign Pilot

The DoD will implement the Pharmacy Redesign Pilot to facilitate pharmacy benefits to over-65 Military Health System (MHS) eligibles utilizing the approved pharmacy redesign plan mandated in section 703 of the FY 1999 National Defense Authorization Act. The implementation will occur in two sites encompassing approximately 3,000 eligibles in each site. Enrollment is tentatively scheduled to begin in October 1999. The Pharmacy Redesign Pilot has been under TRICARE PMO guidance since May 1999.

Health Insurance Portability & Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191, requires the Department of Health and Human Services to adopt simplification standards for electronic health care transactions. It is intended to streamline health care claims and ensure security, privacy and integrity of transmitted health information. There are six rules being finalized that establish standards for the following: National Provider Identifier (NPI); Transaction and Coding Sets; Employer Identifier; Security; Plan Identifier (PAYERID); and Patient Identifier. The HIPAA Integrate Program Team will integrate the requirements across the MHS and address business issues and strategies to facilitate implementation. HIPAA came under the guidance of TRICARE PMO in June 1999.

Health Care Contracts

Region 2/5 Final Proposal Revisions (FPR)

The Integrated Program Team is working on the procurement for the Region 2/5 Managed Care Support Contract. This project was one of the firsts to come under TRICARE PMO in September 1998.

TRICARE 3.0:

....................................Region 6 Managed Care Support Contract

The Region 6 managed care support contract expires in FY 1999. Region 6 came under the guidance of the TRICARE PMO in February 1999.

....................................Region 11 Managed Care Support Contract

The Region 11 managed care support contract expires in FY 1999. Region 11 came under the guidance of the TRICARE PMO in May 1999.

Dental Benefits Program

The TRICARE Dental Benefits Program (TDP) Contract expires in FY 2001. In preparation for the contract re-competition, the Dental Benefits Program came under the guidance of the TRICARE PMO in February 1999.

TRICARE Programs

Mental Health Benefits Program (MHBP)

The MHBP is comprised of two components. The short-term goal is to review and provide recommendations on mental health related issues in the September 1998 Work Simplification/Cost Reduction Initiatives Report. The long-term goal of the program is to conduct a complete review of the mental health benefits package in comparison to industry wide standards. The MHBP came under the guidance of PMO in October 1998.

Pharmacy Data Transaction Service (PDTS)

The PDTS program is tasked with acquiring a common drug/patient profile repository for DoD beneficiaries. The program goal is to improve patient care and reduce pharmaceutical costs caused by incomplete drug screening and the inability to accurately capture total drug use and related expenses. PDTS came under the guidance of the TRICARE PMO in October 1998.

TRICARE Prime Remote (TPR)

The TRICARE Prime Remote (TPR) Program is being implemented to satisfy section 712 of the FY 1998 National Defense Authorization Act. TPR provides a system for managing health coverage for active duty members assigned to remote locations. The program objective is to provide health care coverage for the armed forces where active duty service members are permanently assigned to areas that are more than 50 miles from a military medical treatment facility (MTF) or military clinic identified as adequate to provide the

needed primary care services to active duty members. TPRcame under the guidance of the TRICARE PMO in March 1999.

Special Needs Program

The Special Needs Program is tasked to examine way to optimize the benefit through better flow of information between and within the Medical and Personnel communities. Major components of the program will be consolidating the database of Special Needs families throughout the military, developing compendia of services by installation for Special Needs programs, and revision of DOD Directives to place all Special Needs Policy information in one place. Special Needs came under the guidance of the TRICARE PMO in June 1999.

Leadership Interface with Medical (LIM)

The Medical Interface with Personnel Program is tasked with examining methods to strengthen the interface between the two communities on procedural and policy levels. Areas of focus for the Integrated Program Team (IPT) will include (but not necessarily be limited to) the following: benefits/compensation policy, in/out-processing procedures, DEERS, CONUS/Overseas assignment policies, recruiting information, and reserve affairs. MIP came under the guidance of the TRICARE PMO in June 1999.

Reengineering Programs

Claims Processing

The mission of this program is to identify problem areas in Claims Processing, to recommend a plan for cost-effective and efficient improvements in the system and to initiate approved changes. Important to this mission is the need to recognize and maintain those sound practices currently in place for claims processing, while identifying and initiating other "best practices" into the processing cycle. Planswill also be developed for ongoing monitoring of performance in claims processing and for a mechanism to address customer concerns, which arise in the future. Claims Processing came under the guidance of the TRICARE PMO in March 1999.

Self-Reporting Tools (SRT) – Formerly HEAR

The Self-Reporting Tools (SRT) Integrated Program Team (IPT) was established to effectively deploy a HEAR product throughout the MHS that meets the defined needs of the customers. It will coordinate with the Prevention, Safety, and Health Promotion Council. The team will collaboratively address all issues regarding implementation of the HEAR and other health habit self-reporting tools throughout the MHS. An office will be established within TMA by September 1999. As the HEAR Program, SRT came under the guidance of the TRICARE PMO in September 1998.

MHS Optimization Team - Formerly RCT

In November 1998, the Surgeons General, Deputy Surgeons General, and Health Affairs/TRICARE Management Activity executive staff chartered a tri-service team of senior officers to conduct research, oversee working groups, integrate initiatives, and recommend strategies and operational plans to achieve the MHS vision through system optimization. The TRICARE PMO presently supports the RCT.

Data Quality

Data Quality is defined as the correctness, timeliness, accuracy, and completeness that make data appropriate for use. The Data Quality Integrated Program Team (IPT) will collectively address issues pertaining to the improvement of clinical workload, financial, and enrollment data. The Data Quality Program came under the guidance of the TRICARE PMO in November 1998.

Appointment Standardization

The Appointment Standardization program will standardize the appointing process across the MHS. In addition, the following a elements will be Standardized: nine core Appointment types, Standardized Clinic Location Names, Booking Authority, Beneficiary Priority, Age Delineation, Appointment Time/Duration, Appointment Detail Field. The Model will be tested in selected sites for comments, and future contract mods and policies.

TRICARE Change Management

The mission of this program is to review the current Managed Care Support Contract Change Order processes. The Change Order Integrated Program Team (IPT) will recommend improvements to streamline processes, enhance decision-making, complete outstanding change orders and recommend business rules for future change order reviews and approval. The Change Order Process came under the guidance of the TRICARE PMO in May 1999.

Appendix

4

Overview of the DoD 5000 Management Model

Overview of the DoD 5000

Providing quality products needed by the United States Armed Forces requires a highly disciplined, yet flexible management framework that effectively translates operational needs into stable, affordable acquisition programs. Two Department of Defense Directives (DoDD) were created which provide the overarching principles for Acquisition Management; DoDD 5000.1 and DoD Regulation 5000.2-R). They were established to streamline the acquisition process by providing broad management principles and structure for all programs to follow. In addition, they outline the need for each program to document clear lines of accountability and oversight. Though acquisition oriented, the overarching principals of management are applicable in planning, designing, developing, testing, implementing and deploying any large, complex program.

Key Terms

The reader should be familiar with the following terms to best understand this guide. Please refer to the Glossary in the back of this Users' Guide.

- ❖ Integrated Master Schedule
- ❖ Integrated Product Process Development (IPPD)
- ❖ Integrated Project Teams (IPTs)
- ❖ Milestone and Phases
- ❖ Milestone Decision Authority (MDA)
- ❖ Overarching IPTs Program Manager
- ❖ Program Management Office
- ❖ Program Manager
- ❖ Working-level IPTs

Directive and Regulation Highlights

DoDD 5000.1 emphasizes the interrelationship between the Department's three principle decision support systems: 1) the Requirements Generation System, 2) the Acquisition Management System, and 3) the Planning, Programming, and Budgeting System.

The requirements generation system produces information for decision-makers on projected mission needs. The acquisition management system provides for a streamlined management structure and event-driven management process that explicitly links milestone decisions to demonstrated accomplishments. The planning, programming, and budgeting system provides a basis for making informed affordability assessments and resource allocation decisions on defense acquisition programs. Further, the Directive defines important acquisition terms and concepts; emphasizes and encourages tailoring; identifies key officials and forums; and establishes guiding principles for more cost-effective program management. This integrated management framework is depicted in Figure 1-1.

Figure 1-1
Three Major Decision Support Systems
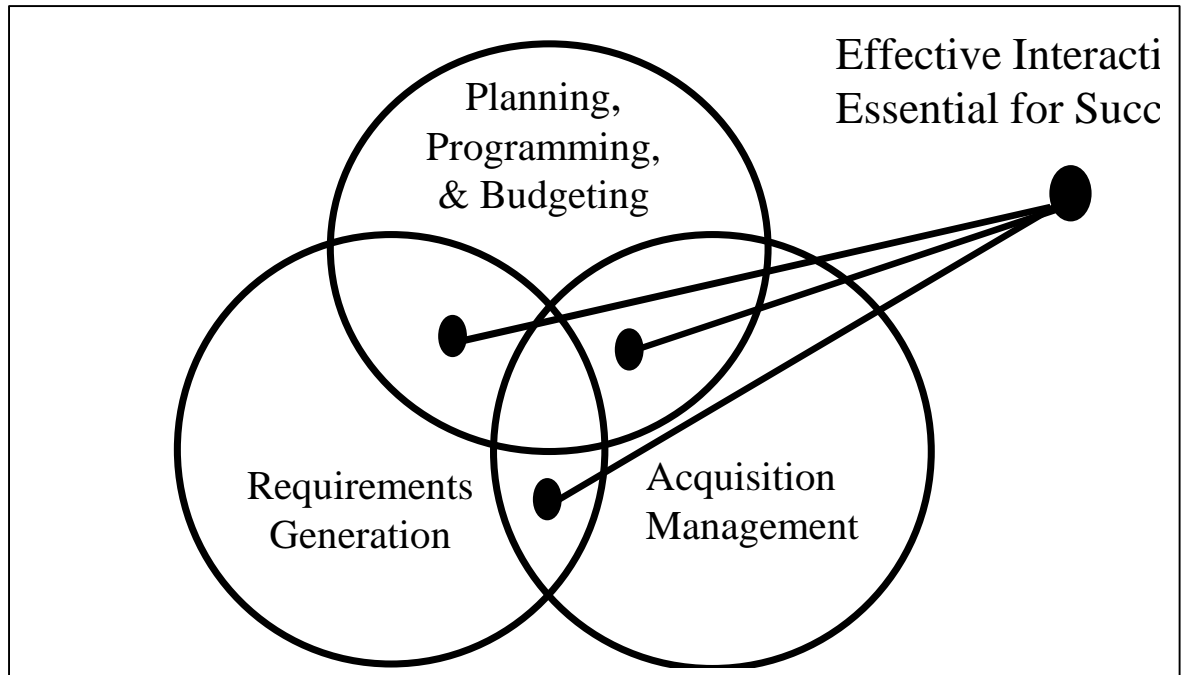
Regulation (DoD 5000.2-R) is organized into six parts which focus on major management and programmatic elements of the acquisition process, such as program definition, program structure, and program design. The parts of the Regulation are listed in the table below:

Table 1.0
Regulation DoD 5000 Layout

| Part	Description
Acquisition Management Process	Establishes a general model for managing acquisition programs, recognizing that every program is different.
Program Structure	Describes the elements necessary to structure a successful acquisition program. The same process also applies to other projects.
Program Design	Establishes the basis for a comprehensive and disciplined approach to designing acquisition programs and other programs assigned to program management.
Program Assessments and Decision Reviews	Establishes mandatory procedures for assessments and milestone decision reviews of all programs.
Periodic Reporting	Describes periodically prepared mandatory reports to provide acquisition executives (AEs) and Congress with adequate information to oversee the acquisition process and make necessary decisions. Also provides a mechanism for other PMs to brief the TEC and DSGs on

the status of their programs.

The Acquisition Phases and Milestones are highlighted in Table 1. The text within each phase has been adapted for application to the TRICARE Program Management Organization (PMO) structure.

Acquisition Management Phases and Milestones

All acquisition programs and/or projects are required to progress through a series of phases that reflect the progression from conception to termination, or the life cycle of the program. The model for this process is graphically depicted in Figure 2.1.

The text within each phase has been adapted for application to the TRICARE Program Management Organization (PMO) structure.

Figure 2.0
Acquisition Management and Process
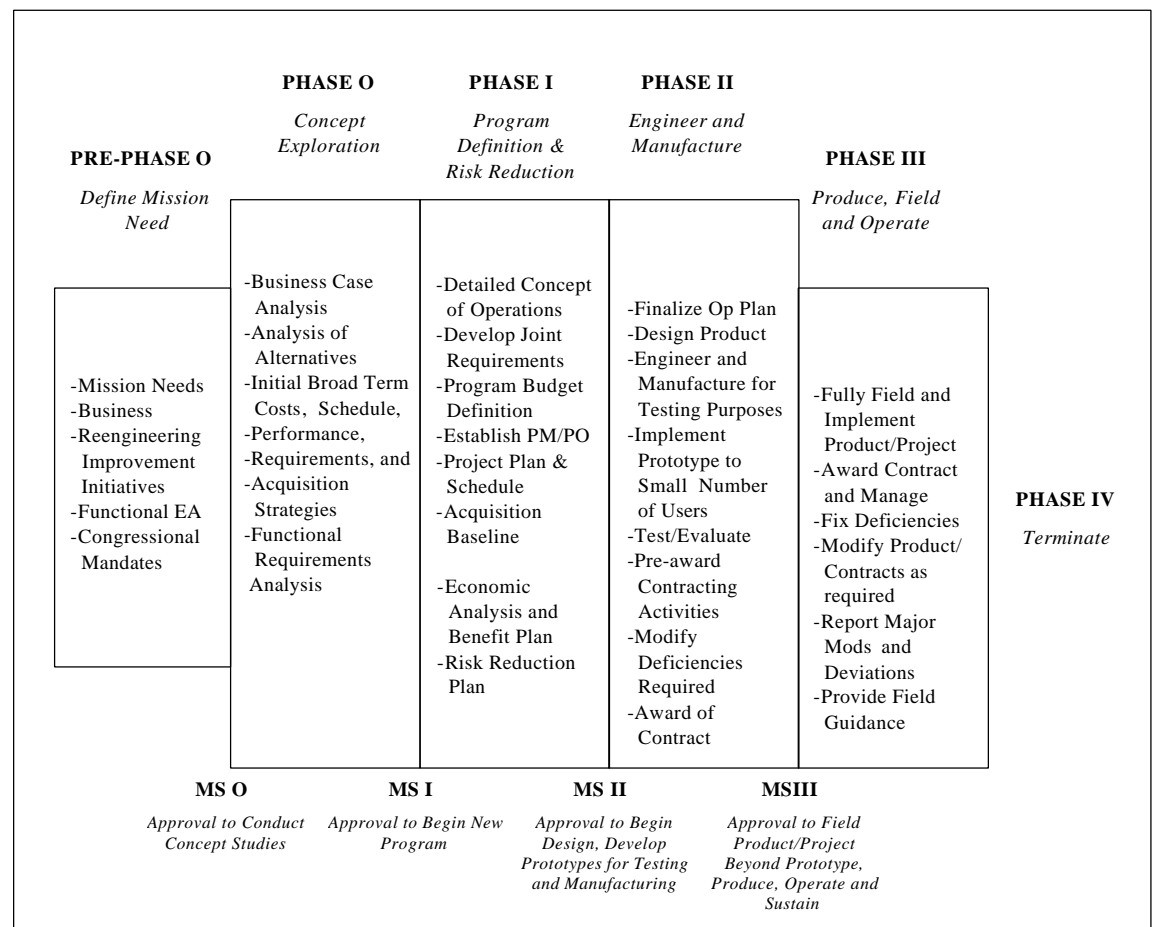
Milestone decisions are required for the program to progress from one phase into the next. Exit criteria or goals are established for each phase.   When these criteria/goals are met to the satisfaction of the Milestone Decision Authority (MDA), in consultation with the functional sponsor, the next phase may be started.   Programs may enter the acquisition life cycle at any point, but normally they enter pre-Milestone O. The PEO is responsible for deciding at what stage a program/project starts in the management process, assuming the program/project has been underway for sometime before it was designated for Program Management oversight.   This information is passed to the Program Manager responsible for the managing, planning, coordinating, integrating, designing, developing, testing, and implementing the program.

Decisions to resource or fund theprogram normally occur at two key junctures. The first is when the MDA or PEO provides his/her approval to conduct a feasibility or concept study and second, when the Milestone I decision to proceed with the program is made.

Key Constructs

Every program normally consists of severakey constructs:

7) A Functional Sponsor who delivers a statement of need or business case, requirements and concepts of operation;

8) A Milestone Decision Authority or Component Acquisition Executive;

9) A designated Program Manager (sometimes there may be multiple Program Managers assigned to one program);

10) A team of core staff assigned to the PM/PO to plan, coordinate, integrate and execute the day-to-day activities of producing deliverables;

11) A program plan which outlines goals and objectives; critical success factors, acquisition phases, deliverables, dependencies, risks, milestones and performance measures;

12) Chartered multi-disciplinary work groups (e.g. Integrated Program Teams) who work with the PM to plan all facets of the program, address issues, and report status to higher authorities;

13) Documented processes;

14) An independent validation and verification organization;

15) An integrated work break down structure/schedule; and

16) Documentation/Reporting requirements.

Program Manager (PM)

Every program has a designated point person (usually the Program Manager) who is accountable and responsible to both the PEO/MDA Milestone Decision Authority and the customer for planning, coordinating, delivering, and managing the execution of all phases of the program from conception to termination. The Program Manager approaches each program from a systems perspective looking at all facets of delivering a quality product, coordinating resources to execute the mission, analyzing risks, and developing risk mitigation strategies. Activities such as program plans and budgets, marketing, training, deployment/implementation, information management and information technology and logistic requirements fall to the PM/PO to plan and manage as applicable to their program.

Integrated Product and Process Development (IPPD)

A key tenet to acquisition/program management is the concept of **"Integrated Product and Process Development" (IPPD)**.

Figure 3

IPPD Process
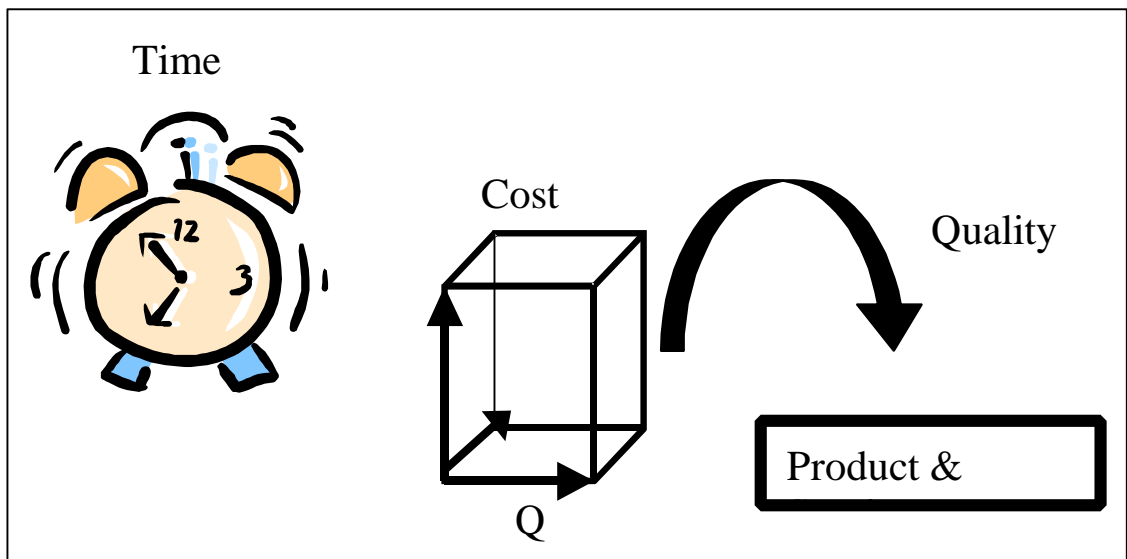
IPPD is a management technique that simultaneously integrates all essential activities through the use of multidisciplinary teams to optimize the design, manufacturing, and supportability processes. Integral to the success of the IPPD concept is the use of **Integrated Program Teams (IPT)** for program management and oversight. IPTs include representatives from all appropriate functional disciplines working together to build successful programs and enabling decision-makers to make the right decisions at the right time. Key aspects of the IPPD include:

- **Customer Focus** -- The primary objective of IPPD is to satisfy the customers needs better, faster and at less cost. (See Figure 3). The customer's needs should determine the nature of the Program and it's associated processes.

- **Concurrent Development of Programs and Processes** -- Processes should be developed concurrently with the programs that they support. It is critical that the processes used to manage, develop, manufacture, verify, test, deploy, operate, support, train people, and eventually dispose of the program be considered during program development. Program and process design should be kept in balance with performance.

- **Early and Continuous Life Cycle Planning** -- Planning for a program and its processes should begin early in the science & technology phase (e.g. for TRICARE this means when an idea is still in the embryonic phase if possible) and extend throughout a program's life cycle. Early life cycle planning, which includes customers, functions and suppliers, lays a solid foundation for the various phases of a program and its processes. Key program events should be defined so that resources can be applied and the impact of resource constraints can be better understood and managed.

- **Maximize Flexibility for Optimization and Use of Contractor Unique Approaches** -- Requests for Proposals (RFP's) and contracts should provide maximum flexibility for optimization and use of contractor unique processes and commercial specifications, standards and practices. This applies to adopting best practices in managing the business of TRICARE operations/TMA and/or Business Process Improvements. Other programs should review and consider best business practices in the development of processes to develop the final deliverable(s).

- **Encourage Robust Design and Improved Process Capability** -- Encourage use of advanced design and best business practices that promote achieving quality through design, and focus on process capability and continuous process to achieve desired outcomes.

- **Event-Driven Scheduling** -- Establish a scheduling framework that relates program events to their associated accomplishments and accomplishment criteria. An event is considered complete only when the accomplishments associated with the event have been completed and measured by the accomplishment criteria. This event-driven scheduling reduces risk by ensuring that program and the process maturity are incrementally demonstrated prior to beginning follow-up activities.

- **Multidisciplinary Teamwork** -- Multidisciplinary teamwork is essential to the integrated and concurrent development of a program and its processes. The right people, at the right place, at the right time are required to make timely decisions. Team decisions should be based on the combined input of the entire team (e.g. information systems, operations, plans and analyses, program development, customer service, finance management, contract personnel), including customers and suppliers. Each team member needs to understand his/her role, and support the roles of the other members, as well as understand the constraints under which other team members operate. Communication within teams and between teams should be open with team success emphasized and rewarded.

- **Empowerment** -- Decisions should be delegated to the lowest possible level commensurate with risk. Resources should be allocated at levels consistent with authority, responsibility, and the ability of the people. The team should be given the authority, responsibility, and resources to manage their program and its risk commensurate with the team's capabilities. The team should accept responsibility and be held accountable for the results of their effort.

- **Seamless Management Tools** -- A framework should be established to relate programs and processes at all levels to demonstrate dependency and interrelationships. A single management system should be established that relates requirements, planning, resource allocation, execution and program tracking over the program's life cycle. This integrated approach helps ensure that teams have all available information, thereby enhancing team decision-making at all levels. Capabilities should be proven to share technical and business information throughout the program life cycle through the use of acquisition and support databases and software tools for accessing, exchanging, and viewing information.

- **Proactive Identification and Management of Risk** -- Critical cost, schedule, performance, and technical parameters should be identified from risk analyses and user requirements. Technical and business performance measurement plans, with appropriate metrics, should be developed and compared to best-in-class industry benchmarks to provide continuing verification of the degree of anticipated and actual achievement of technical and business parameters.

Appendix

5

Contractor Travel Request Procedures

Procedures for Requesting and Processing Government Directed Contractor Travel

Background

Periodically, there is the need to have contractors travel to attend a meeting, conference or other function related to their contract. In certain circumstances, the travel may be a requirement under the contract and the contractor is obligated to cover all associated travel expenses. In other circumstances, the travel is not a contract requirement; therefore, if the Government directs such travel, the Government is obligated to pay for associated travel expenses in accordance with governing travel regulations. Both the Government and contractor contract administration staffs require a reasonable amount of time to process Government directed contractor travel requests and arrange for the actual travel. Timely identification of contractor travel may also avoid needless travel expenses. Government directed contractor travel requests shall be processed in accordance with the following procedures.

Procedures

General

Questions regarding specific travel requests should be directed to the contracting officer or contract administrator for the applicable contract(s) prior to initiating a request for Government directed contractor travel to determine the Government's obligations and the process required to authorize the travel. General questions regarding Government directed contractor travel may be directed to the Chief, Contract Administration Office (CMA).

Travel Requirement Established Under the Contract

17) If the exact date, location, and purpose of the travel is clearly stated as a contract requirement, the contractor should be provided either verbal or written confirmation by the Contracting Officer that the travel will occur as stated in the contract.

18) Some contracts contain travel requirement for up to four undefined trips per option period at no additional Government cost. If it is determined that the desired travel can be covered by one of the four undefined trips, the requesting organization shall forward a written request for the travel to the Chief, CMA at least 30* days prior to the desired travel date. The request should be executed by the requestor and include the following information:

- Travel date and duration of travel
- Travel destination (city, state, street address, building and room numbers)
- Purpose of travel
- Desired participants/attendees (prime vs subcontractors (See paragraph d.2.))
- Exact time and location for contractor staff to arrive
- Special instructions, requirements, or presentations
- Travel and/or accommodation assistance available

Travel not established as a Contract Requirement

19) The requiring organization shall submit a written request for Government directed contractor travel to the Chief, CMA a minimum of 30* days prior to the desired travel date. Travel requests submitted less than 30* days prior to the desired travel date shall be approved by the requesting organization's Director and forwarded to the Chief, CMA. The written request shall contain the same information as stated in b.2(a) through (g) above.

20) If the Government will incur a travel cost obligation, and adequate funds are not available under the contract(s), the requesting organization is responsible for initiating and executing an OCHAMPUS Form 789 (Purchase Request and Commitment) and routing the form through the Contract Resource Management Directorate for commitment of funds. The Form 789 executed by the Budget Officer shall be forwarded along with the written travel request and received by CMA at least 30* days prior to the desired travel date.

21) The Government directed contractor travel request will be reviewed by the Chief, CMA. If the necessary information is provided, along with the Form 789 (when funds are required), the request will be forwarded to the contracting officer(s) for action.

22) The contracting officer will take necessary action to direct the travel by issuance of a letter, or contract modification if funds must be obligated to cover the travel costs. All necessary information will be forwarded to enable the contractor to make arrangements to conduct the travel.

Other Travel Requirements

23) There may be contractor travel desired by the Government, but for which the Government does not want to "direct" nor incur a financial obligation. In such instances, the contracting officer may issue a letter "inviting" the contractor to a meeting or other function, and state that attendance is "voluntary" and the Government will not authorize reimbursement.

   ■   A written request for "voluntary" contractor travel shall be submitted to the Chief, CMA at least 30* days prior to the desired travel date. The written request shall contain the same information as stated in b.2(a) through (g) above.

   ■   If the there is a valid urgent need for contractor travel or if the requestor legitimately cannot submit a contractor travel request at least 30 days in advance, the situation should be addressed in the travel request when submitted. The contract administration staff will attempt to support valid "short-notice" contractor travel requirements or advise the requestor if the travel cannot be accommodated.

24) Contractor travel requirements may require travel by one or more subcontractors under a prime contract. The requestor shall identify any subcontractor travel requirements and determine under which prime contract the subcontractor travel should be directed and reimbursed when necessary. The requestor should contact the contract administrator or contracting officer regarding issues involving subcontractor travel.